



# **Soldier and Family Assistance Handbook**

**A Guide for  
Families of  
Wounded Soldiers**

**OPERATION  
IRAQI FREEDOM**

**OPERATION  
ENDURING FREEDOM**

**OPERATION  
NOBLE EAGLE**



## **TABLE OF CONTENTS**

### **1. INTRODUCTION / OVERVIEW**

- a. Foreword
- b. Introduction
- c. How to use this book

### **2. NOTIFICATION and TRAVEL ORDERS**

- a. Transportation and Travel Orders (T&TOs)
- b. Travel Preparations
- c. Packing List
- d. Directions to Hospital
- e. Settling at Hospital
  - 1. Lodging
  - 2. Food
  - 3. Other Services
- f. Coping with Initial Trauma
  - 1. Preparing a child to see injured Family members
  - 2. Common Reactions/Expectations
  - 3. Coping with Stress
- g. Tips for Dealing with Others and the Media
- h. Family and Medical Leave Act

### **3. INPATIENT**

- a. Medical Care Team: Role and definitions
- b. You as Your Soldier's Advocate
- c. Patient Bill of Rights
- d. A Soldier's Viewpoint
- e. War Zone Related Stress- What Families Need to Know
- f. Taking care of yourself (not just your Soldier)
- g. Reunion Information
- h. Learning to Use the Internet
- i. Caring Bridge- A way to keep others informed

### **4. OUTPATIENT**

- a. Why T&TO's change
- b. Non-medical Attendant Orders
- c. Medical Hold/Holdover Company
- d. Operation Warfighter/ Warrior Outreach Wellness Program
- e. When You Become Your Spouse's Caregiver
- f. When You Become Your Adult Child's Caregiver
- g. Traumatic Injury Protection Insurance (TSGLI)

### **5. MEDICAL EVALUATION PROCESS**

- a. MEB/PEB Overview
- b. MEB/PEB Process Question and Answer Format
- c. MEB/PEB Process Technical Explanation

## **6. TRANSITION**

- a. Considerations for the Family
- b. Transition Resources

## **7. NATIONAL RESOURCES**

## **8. LOCAL RESOURCES**

## **9. APPENDIX**

- a. Common Terms and Abbreviations/Acronyms
- b. Quick phone reference
- c. Acknowledgements

## **10. NOTES/MISCELLANEOUS**

## **SECTION 1**

### **INTRODUCTION AND OVERVIEW**

- a. Foreword
- b. Introduction
- c. How to use this book

## FOREWORD

We serve in the US military that serves a nation at war. This handbook offers many ways to deal with the often long road to recovery of our Soldiers—from all services—who will need the loving and informed support of their Families. This handbook evolved from the experiences of 1LT D.J. Skelton, a wounded Soldier who expressed the need for a comprehensive guide to assist Families in understanding and navigating the military medical system. Aided by spouses of Soldiers from 1LT Skelton's unit still serving in Iraq, the initial handbook was produced. This year, spouses of the U.S. Army War College Class of 2006 continued the work by updating and enhancing the contents of this handbook. Those dedicated spouses spent the academic year collecting and editing information from the field, from Walter Reed, and from agencies responsible for Family health and well-being. In doing so, they have demonstrated their capacity for self-reliance and the Army's tradition of supporting and helping one another. The U.S. Army War College extends to them its sincere appreciation and gratitude for a job well done. We are confident that you will find this book useful in your own units as you do the fundamental work of taking care of our Soldiers and their Families.

DAVID H. HUNTOON, JR  
Major General, U.S. Army

## INTRODUCTION

Each year at the United States Army War College (USAWC) spouses of students complete a class project done with the ageless spirit of spouses supporting one another. For the past years, they have written or revised handbooks with information regarding military Families. In 2006, the tradition of offering help and encouraging self-reliance was accomplished in the opportunity of further developing OUR HERO HANDBOOK, first organized in 2004, at Ft. Lewis, Washington.

Inspired by a wounded Soldier, 1LT DJ Skelton, three wives from the 1-25 SBCT worked with this Soldier in compiling information that would be helpful for Family members of a severely injured Soldier, especially Family members unfamiliar with the military. Led by Lisa McCaffrey, with assistance from Andrea Schaill and Sherri Becker, and with encouragement from Sharon Basso, this small group quickly wrote a first handbook that could be given to parents or a spouse first learning the military medical system after a serious injury. As a few copies of this handbook ended up at Walter Reed, two other volunteer military spouses there were trying to organize information helpful for Family members. Ginny Rodriguez and Carla Bergner took ideas gained from their experience of spending many hours privately assisting mothers and spouses of injured Soldiers, and brought their experience and notes to the attention of a spouse at USAWC.

Coincidentally, Andrea Schaill arrived at the USAWC in the autumn of 2005, as her spouse was a student in the Class of 2006. LT Skelton resumed his active duty career in the Washington, D.C. area, and all came together to write a more thorough handbook using the quick printing resources of the USAWC. Spending many hours at Walter Reed interviewing medical staff personnel to gain accurate information, Andrea Schaill, and committee members Barbara Brinkley, Suzy Hurtado, Jeanette Locke, and Mona Hain, have organized a handbook that can be handed out or read on the internet by a Family member after first learning of a serious injury. This handbook is that guide for military medical centers. It is sometimes reassuring to have something physical in one's hands to refer to, as well as a booklet to collect information notes, as the long-term process of medical care for recovery starts.

The information in this handbook will be changing periodically as the military medical establishment adapts to the challenges and new conditions that will arise in providing the best medical care for injured Soldiers in the world.

## **How to Use this Book**

This handbook is intended for Family members of Soldiers who are recovering from wounds, injuries or illness. It is not meant to be a complete resource in and of itself, but rather a guide for Families to follow when navigating the complex system of care. The handbook does not represent itself as “expert” advice as it was written by Army Families for Army Families with the support and help of many individuals, agencies, and organizations who provide our Soldiers with an unparalleled level of care. Thus throughout this book, reference to the “experts” has been included to direct Families to the appropriate resource which can provide “expert” guidance.

For those Family members who have not had experience dealing with the military system, the use of abbreviations known as acronyms is common practice. Throughout this handbook, explanations will include the complete name and then the appropriate acronym. At any time, please refer to the acronym section if reading a narrative which includes an acronym that is not familiar.

It is our hope that Families receive this handbook before traveling to the military treatment facility. Information is included that may not pertain to those Families already at the Soldier’s bedside when receiving the handbook. All information is offered in a general format since every case is unique and may deviate from what is represented. All recovering Soldiers, whether Active, Guard or Reserve are represented in this handbook.

Regulations, policies, procedures, supporting agencies and legislation regarding wounded Soldiers are continuously changing. Continue to seek the most current information from the Department of the Army and the Department of Defense to ensure the most complete support for your Soldier. If you have received this book through your unit, please make sure it is the most current version by checking [www.gordon.army.mil/sfac](http://www.gordon.army.mil/sfac).

Keep in mind that throughout this arduous journey from injury to recovery, your loved one is still a Soldier subject to Army rules and regulations. While some Army rules and regulations may seem foreign to you, they exist to provide structure and protection to both the organization and the people within it.

This handbook has been organized into chapters that reflect the chain of events that began with notification of your loved one’s injury. The amount of information may seem overwhelming. But, taken one step at time, it will provide information for each stage of the journey. As with any journey, each person’s experience will be different. The chapters include some narrative and then will have articles, resources, and other material pertinent to the stage of the recovery process.

## **SECTION 2**

### **NOTIFICATION AND TRAVEL TO HOSPITAL**

- a. Notification and Travel and Transportation Orders (T&TOs).
- b. Travel Preparations.
- c. Packing Lists.
- d. Directions to the Hospital.
- e. Settling at Hospital.
  - 1. Lodging
  - 2. Food
  - 3. Other Services
- f. Coping with Trauma.
  - 1. Preparing a Child to See Injured Family Member
  - 2. Common Reactions/Expectations of Trauma
  - 3. Coping with Stress
- g. Tips for Dealing with Others and the Media.
- h. Family and Medical Leave Act.



## **Notification**

The process begins for the Family with notification of the injury. Families are notified in a number of ways. Some Families receive phone calls from their Soldier who then tells them of his/her injury. Often another military member present may speak to the Family to provide additional information.

“Official” notification occurs when either the rear detachment (military member of the Soldier’s unit left behind at the home station to take care of Families) or the Department of the Army Wounded in Action Branch (DA WIA) call to notify the Family. During “official” notification the Family is told the status of the Soldier to include the most recent assessment of the injuries, and is given a phone number for the DA WIA to call with questions or update requests. The service member who does the “official” notification is not a health care professional, and they cannot offer explanations of injury or medical terms. The number to DA WIA is 1-888-331-9369. The DA WIA will initiate phone calls to the Family for updates on the movement of the Soldier and changes in medical condition. A “Needs Assessment” checklist is done within hours of official notification so that the DA WIA is able to coordinate travel quickly for the Family of very seriously or seriously injured if necessary. It takes an average of 4 to 5 days to move the Soldier from the battlefield to most major Army Medical Centers, although a longer delay could occur. This means that there will be time between the notification of the Family and actual travel.

Travel and Transportation Orders (T&TOs)

### **What are T&TO’s and how do you get them?**

Family members of wounded Soldiers may be invited to travel to a very seriously or seriously injured Soldier’s bedside at the Army’s expense if a medical officer determines that it is in the patient’s best interest to have Family members present to aid in the recovery process. The physician fills out form DA 2984 requesting the Family to travel to the Soldier’s bedside. This begins the process of obtaining official government travel orders by the DA WIA. If the physician’s request is approved, the DA WIA will contact the Family and may offer up to three Family members the opportunity to travel to Eisenhower Army Medical Center (EAMC) at government expense. Army regulations determine which Family members are offered government paid travel. Travel and Transportation Orders (T&TOs) are prepared for the Family members and flight reservations are made by the DA WIA. Please note there must be approved travel orders issued BEFORE departing to the designated Military Treatment Facility for the government to pay for the airline tickets, per diem (allowance for food) and lodging. When traveling with T&TOs the DA WIA coordinates airline travel, U.S. passports for those traveling overseas if necessary, lodging and transportation service from the airport to EAMC. Each Family member’s T&TOs include only one round trip ticket from the home of that Family member to the military treatment facility and back to the home. If traveling by car, the government reimburses the mileage from the Family member’s home to EAMC and back home. T&TOs do not cover mileage incurred while in the area, local shuttle service is available through the Warrior Transition Battalion (WTB).

### **How long do T&TOs last?**

T&TOs for Family members of patients will cover the cost of travel, lodging (see section on lodging), and per diem for a pre-determined period of time, usually 30 days. Occasionally, in the case of a non-serious injury, the time could be 15 days. The dates of coverage are listed on the orders. *It is important to note that the period of time for which the orders are issued may change.* **Minor children are put on orders for a period of five days only (see section on children).** If children stay past the five day period, the cost is the responsibility of the Family.

### **What happens when the orders expire and my Soldier is still in the hospital?**

If the Soldier is still an inpatient at the hospital at the end of the orders, the attending physician can request an extension. If approval is given, another set of orders is then issued by DA Casualty Affairs for a set amount of days, again usually 15 or 30 days. This process may occur repeatedly while the Soldier is an inpatient at EAMC. While the Soldier is an inpatient, the DA WIA is the issuing authority on the T&TOs. You must communicate with the Nurse Case Manager for coordination and determination of T&TO extensions. *ONLY THE ATTENDING PHYSICIAN CAN REQUEST EXTENSIONS.* Family members should be aware of the end date on the travel orders and contact the Nurse Case Manager or PAD on the 10<sup>th</sup> Floor of EAMC to ensure the extension and that new orders have been received. Make sure you get a copy of each set of new orders and keep them in a safe place. *Remember that expenses incurred during a lapse in orders will be your personal responsibility.*

### **Can orders be terminated?**

Orders can be terminated if it is determined that the Soldier no longer requires the Family's assistance, or if the presence of the Family is negatively impacting the Soldier; the Soldier is discharged from the hospital; or the Soldier is transferred to another treatment facility, such as the Active Duty Rehab Unit at the Charlie Norwood VA Medical Center. Remember, traveling on orders is a privilege, and should not be abused.

### **What happens when my Soldier is discharged?**

T&TOs are terminated when the Soldier is discharged from the hospital. At the time of discharge, if the Soldier needs to receive further treatment as an outpatient and is unable to function independently, a medical authority will make a determination if the Soldier needs a non medical attendant (NMA) for assistance with daily living. If an attendant is needed and the request is approved, orders will be issued at EAMC and are for one person requested by the Soldier. See more on NMA's in section 4. If this determination is made, then the T&TOs are closed out and the NMA orders are issued with no lapse in per diem. Discharge planning begins the day your Soldier arrives at the MTF. The Medical staff will keep you informed of any upcoming change in status such as moving to another treatment facility or moving from an inpatient to an outpatient status. Prior to returning home, communicate with the Soldier's company or with the PAD office on the 10<sup>th</sup> floor

of EAMC for travel and financial arrangements.

To make changes for an airline ticket contact Carlson Wagonlit through the phone number on the itinerary or on your orders.

***YOU MUST CLOSE OUT YOUR LAST SET OF TRAVEL ORDERS BEFORE LEAVING EAMC.***

**How does reimbursement occur?**

*Each set of travel orders must be closed out and the travel voucher for reimbursement submitted to the Warrior Transition Battalion Finance Office. The platoon sergeant, squad leader or the PAD on the 10<sup>th</sup> Floor of EAMC are available to assist with all questions about T&TO's and can assist the Family with the forms necessary to submit travel vouchers as will the Warrior Transition Battalion Finance. You will need your bank account number and the bank routing number for reimbursement of the T&TO's which is done by direct deposit. This information is usually found on a check. Bring your receipt for lodging if staying at a local hotel. The receipt must show a zero balance.*

**How often do I receive reimbursement?**

Each set of travel orders will be reimbursed. For example if the first set of orders is from June 1 to June 30, on July 1st you submit your voucher for reimbursement. If the next set of orders is for July 1 to July 30, then on July 31st you submit another voucher for reimbursement. One reimbursement payment is made per month. This cycle will eventually end and **YOU MUST CLOSE OUT YOUR LAST SET OF TRAVEL ORDERS BEFORE LEAVING EAMC.**

**How much will I be reimbursed?**

The current reimbursement rate can be found in the insert at the front of your binder or at <http://www.gsa.gov/>. Select Per Diem Rates for Georgia. You may confirm these rates with the company or with the PAD. There is no reimbursement for telephone calls (see SFAC and Red Cross for phone cards), taxis in and around the area, rental cars, or mileage in and around the area. Shuttle Service, limited to on post, is available through the WTB. Coordinate this with the squad leader.

**Can I get a cash travel advance to support my travel?**

Advances or travel advances are allowed on the first set of travel orders. Once you arrive at the MTF, speak to the escort or squad leader for assistance. You will need a copy of your orders and a picture ID. Advances are given in cash. They must be repaid either by being deducted from the travel voucher reimbursement at the end of the travel orders **or** taken from your bank account if the advance is greater than the amount to be reimbursed. Before getting an advance, make sure your Soldier is going to remain at EAMC for the period of time you are receiving the advance. The advance should be budgeted for the length of the orders.

**What if I need to make a trip home to take care of business? Will I lose my T&TOs?**

You may return to your home for a period of up to 7 to 10 days to take care of business without losing your travel orders. You will not receive per diem for the days you are at home nor will the government pay for your travel home. Coordinate with the Squad Leader and the Company Commander. Retain a copy of all forms and paperwork. Check with the SFAC *before booking your flight* to see if you qualify for any programs that offer free airline travel. T&TO orders will not pay for the hotel room while you are not occupying it. Ensure that no lodging is secured while you are at your home.

### **The bottom line**

Travel orders may be issued if a physician determines that it is in the best interest of the Soldier to have Family present during the recovery process. You must be patient as it takes an average of 4 to 5 days to get a Soldier from the battlefield to EAMC. An additional delay may occur if the Soldier arrives at EAMC on the weekend or on a holiday. Issuing T&TOs is a complex process requiring several steps to ensure Families will be taken care of during their journey. Use your DA WIA phone number to verify all travel information.

### **Summary of Government Sponsored Travel**

1. Notification Occurs.
2. DA WIA Needs Assessment Checklist Complete.
3. DA Form 2984 Completed by Physician.
4. Approval for Family travel granted.
5. Travel and Transportation Orders (T&TOs) Issued.
  - Roundtrip airline ticket or approved auto travel round trip mileage.
  - Per Diem (daily allowance for meals).
  - Lodging up to allowable government nightly rate.
  - Issuing authority: Department of the Army Wounded In Action (DA WIA)
- 1-888-331-9369.
  - Advances allowed with Department of the Army (DA) approval.
  - 5 day orders only for minor children.
  - Issued for specified time periods; normally 30 day increments for seriously wounded.
  - Extension requests through physician and if approved, DA WIA (see liaison).
- At end of each set of orders, travel voucher submitted for reimbursement to the WTB finance representative
- Copies of all receipts and orders kept by Family.
6. Family members contact Squad Leader or PAD to begin travel coordination to return home.
7. WTB escort meets Family at the airport and transports them to Eisenhower Army Medical Center.

## **I was not offered travel by the DA WIA and have decided to go to EAMC. What can I do?**

If you are a military Family member with an ID card, check the surrounding area for all nearby military installations that might have lodging. On-post lodging at EAMC is obviously a first choice. However, be aware that Army lodging has a priority structure for reservations. Make contact with the Soldier Family Assistance Center (SFAC) for information about availability of lodging and suggestions for local hotels. Also, make use of your own sources for discounts, such as motor clubs, retirement associations, non-profits, etc. Utilize every resource that you can and please remember that your expenses may become a financial burden at an already stressful time.

Once you are at EAMC, immediately check in with the SFAC so that they can assist you. There are resources available for all Families, not just those who travel on orders. For Family members who do not have a military ID, the SFAC can provide a temporary authorization card allowing access to post facilities.

The SFAC has access to various resources. Army Community Service has a welcome packet that can orient you to the area. If you choose to travel on your own, without orders from DA WIA, then understand that you will not have the same privileges as those who have traveled under orders. The military operates under laws and regulations, and organizations associated with the military are bound to follow those laws and regulations.

## **Travel Preparation Considerations**

### **Documents:**

- Copies of your T&TOs (keep one with you at all times).
- Military ID or government issued ID such as Driver's License.
- Power of Attorney (If your Soldier left you one).
- Living Will (If your Soldier has one, many do not).
- Immunization records for children in need of child care services (This is a MUST!).
- Name and phone number of Point of Contact for the Soldier's unit (The DA WIA is able to tell you what the unit is if you do not know).
- Valid Passport if overseas travel is involved.
- Original prescription for any medications that you may need.
- Health insurance information for traveling Family members.\*
- This Handbook.

### **Travel Money:**

- Major Credit Card (maintain copy of front and back of card in case of loss).
- Cash or Traveler's Checks.
- Checkbook and/or account number and bank routing number.\*\*

\* For military dependents: If staying out of the TRICARE region for longer than 30 days, consider changing your TRICARE area.

\*\* If staying at EAMC for an extended period of time, consider opening an account at a bank there to avoid ATM charges.

### **Household Considerations:**

- Stop the mail, or arrange for someone to pick up and forward mail to you.
- Arrange for pet care in your hometown. Pet care is **NOT** provided by the Army.
- Schedule bill payment.
- Consider changing cell phone plan to include extra minutes or unlimited long distance as needed.
- Inform trusted friend or Family of travel plans and leave spare key to access house.
- Stop newspaper delivery.
- Empty all trash cans and refrigerator of perishable foods.
- Set thermostat to cost saving level.
- Arrange lawn care if necessary.
- Coordinate time off from work.\*See section titled "Family Leave Act."
- Inform Rear Detachment Command of travel.
- Ensure car is locked and windows rolled up.

### **Things to pack for yourself (REWORK)**

- Glasses/contacts/associated supplies.
- Prescription medication for up to 30 days plus refill information.
- Toiletries (if you forget something, check with American Red Cross).
- Comfortable clothing/sleepwear/shoes/socks/belt.
- Light sweater or jacket for use in hospital.
- Cell phone/charger.
- Seasonally appropriate outerwear/umbrella.
- Book/journal.
- Phone numbers of key people (Family, friends, creditors, employer, school, etc.).
- Comfort items (pillow, blanket, whatever provides you with special comfort).
- Hand sanitizer/disinfecting wipes.

### **Things to pack for your Soldier:**

Bring clothes for your Soldier from home, if possible. It is a good idea to pack a pair of sweat pants and shirt (can be cut for casts, etc.), underwear, shoes/sneakers, and jacket/hat if the weather is cold. If you do not have clothes for your Soldier, ask the Red Cross or SFAC at the medical treatment facility (MTF) for assistance. Soldiers transferred to a MTF on an inpatient basis may be authorized a \$200 one time Army Emergency Relief (AER) grant for comfort items either enroute or upon arrival. This is exclusive to Soldiers wounded in action as determined by the PAD. Ask the SFAC for assistance. Also, see information on Sew Much Comfort ([www.sewmuchcomfort.org](http://www.sewmuchcomfort.org)) in the resources section of this book for specialized adaptive clothing. Most MTFs will have a donation center which provides comfort items. Contact your local SFAC for more information.

### **Special Considerations for Children of Wounded Soldiers:**

When deciding whether or not to take your children to EAMC, there are special considerations. Depending on your Soldier's medical status, children may not be allowed in the room, such as in the case of Intensive Care patients. Child care is provided for children during the Soldier's medical appointments at no charge to the Family. Please contact the SFAC to coordinate this service. The Family does have to register locally to utilize the childcare. Minor children are only covered by T&TOs for a period of five

days, and then the cost is on the Family. Children will be exposed to a wide variety of traumatic injuries, many of which are visible, though it may not be their Soldier who is affected. The purpose of bringing the Family to the Soldier's bedside is to support the Soldier during the healing process. The focus is being available to that Soldier at the bedside. The ultimate decision rests with the Family. This handbook has included information that should be helpful whatever decision is made. You may wish to share some of the information with extended Family and friends whose children will interact with your Soldier and your Family.

Keep in mind that not all children respond positively to group child care settings. Child care is not available inside the hospital proper, it is provided in another facility on the installation. Additionally, all children must be supervised in the waiting areas within all MTFs. Once the service member is considered an outpatient, pending out processing, the Families are encouraged to go home. Childcare Services are available at most military installations. Parents must have their child's current shot record and complete some paperwork. Please check with the Child Development Center as more childcare sites may be forthcoming.

### **Packing for Your Child:**

- Clothing/shoes/outerwear.
- Diapers/Wipes/Diaper Ointment.
- Bottles/Sippy Cups/Formula.
- Toys/Activities.
- Comfort Item (favorite stuffed animal or blanket).
- Immunization Records (military dependents intending to use the Child Development Center).
- Medications (prescriptions as well), thermometer.
- Toothbrush/paste/special bath items.
- Car seat/Stroller.
- Review information on preparing child to see injured service member.

### **Considerations for Children not traveling with parent:**

- Arrange transportation for children to/from school/activities.
- Give Medical Power of Attorney to children's caregiver.
- If moving child out of normal TRICARE Region, call TRICARE to change Region.



- Give TRICARE Card (or medical insurance information) to caregiver with instructions on how to procure medical appointments for child.
- Inform school and other activities about who will be acting as caregiver. Your child's school may require written notice identifying the caregiver of your child.
- If living on post, procure gate pass for caregiver. Housing should be notified of this arrangement in the event that an extended stay is necessary.
- Coordinate financial support for children's necessities.
- Make list of scheduled activities for caregiver.
- Make list of allergies, medications, likes and dislikes, bedtimes, routines, etc., for caregiver.
- Leave caregiver with contact information for you and another support person in the area.
- Consider who needs to know about this injury to better support your child during this stressful time (teacher, minister, scout leader, counselor, etc.).
- Review information on talking to child about wartime injury.  
(refer to pg. 24-33)

## **Lodging**

For those traveling on T&TOs, upon arriving at the airport, a WTB escort with a van will meet the Family and take the Family to either the hospital or a lodging. In some cases the Family will have to arrange transportation from the airport. Taxis are the most direct route to most hospitals. Keep the transportation receipts to file for reimbursement.

If lodging on the installation is filled to capacity, then the T&TO's will be stamped by the on post lodging office and you will be referred to a local hotel (referred to as "off campus" or "off post" lodging) and placed on a waiting list for on-post lodging. Family members on T&TO's will be able to submit off POST hotel receipts, up to the allowable government nightly rate, for reimbursement at the end of each set of their travel orders. Travel advances are allowed if paying the hotel bill will be a financial burden. See the Squad Leader for assistance. Family members who are NOT traveling on T&TOs will be responsible for paying all room charges accrued. An advance may take up to 5 days to process.

If you have been placed on the waiting list for on post lodging, you will be notified when a room becomes available. **IMPORTANT:** If you do not accept the room, your per diem will be terminated that day.

The Fisher House has lodging facilities at Fort Gordon, GA. The ongoing presence of a waiting list prevents Fisher House arrangements from being made prior to arrival at EAMC. Please see the Fisher House information pages below.

on the Fisher House web site [www.fisherhouse.org](http://www.fisherhouse.org):

This following article is provided to service members and their Families as part of the Military OneSource program, which offers information and support on a wide range of Family and personal issues. To access the program just go to [www.militaryonesource.com](http://www.militaryonesource.com) or call Military OneSource today. From the United States call 800-464-8107. From overseas, call toll free 800-4648-1077, or collect 484-530-5889.

© Ceridian Corporation. All rights reserved. Used by permission.]

### **Preparing a Child to See an Injured Family Member for the First Time**

You've spoken with your child about your service member's severe injury and now it's time for the first visit. Whether your child will be seeing your loved one at home or in the hospital, the experience will go more smoothly if you make some preparations ahead of time. You can rehearse the visit by describing what your child will see, hear, and smell. It's also important to reassure your child that it's OK to feel frightened or sad and allow him or her to act on these emotions at home, where children feel safest.

Although no one can predict how your child will react when first seeing a severely injured Family member, planning ahead and supporting your child before, during, and after the visit will set the tone for visits to come.

#### **What your child may be concerned about**

Children often have fears that parents may not be aware of. It's possible that your child may have concerns such as these:

- That the Family member will no longer be able to care for or play with the child, especially if it's a parent who was injured. It's a good idea to talk about what the Family member can still do, such as read books out loud and play board games. You can also come up with specific ways the injured parent can participate in your child's activities, routines, and accomplishments. The parent might call every night at bedtime to say goodnight or read a story. Or maybe the parent can help coach next season's softball team.

- That the injury is punishment for being bad. Explain that the Family member was not doing anything wrong, but that sometimes in times of war, bad things happen to good people.

- That he or she will "catch" the Family member's injury. Younger children especially may need to be reassured that the injury is not contagious.

#### **Before the visit**

There are concrete steps you can take to help your child prepare for the first visit to an injured Family member. It can be a good idea to:

Explain in age-appropriate language what to expect during the visit. If the Family member is in the hospital, describe the scene for your child ahead of time. Be sure to talk about the medical apparatus and what everything does ("There will be a tube in Daddy's arm so his body gets plenty of fluids."). For very young children, you might demonstrate with a doll or draw a sketch showing the placement of IVs and other equipment.

Use accurate language when describing the Family member's injury. This is especially important with young children, who tend to take things literally. If you say the loved one "lost a limb," the child may think it was simply misplaced.

Describe how the Family member looks. This is especially important if his or her appearance has changed -- for instance, a shaved head, a lost limb, or severe burns. Try to use simple, age-appropriate language when discussing the changes.

Reassure your child that the Family member is still the same person, even though he or she may look different. Again, it's important to use simple, age-appropriate language. ("Daddy's face looks different now. But he is still your same Daddy, and he still loves you very much, and he likes to hear you sing.")

Prepare your child for how he or she may feel upon seeing the Family member. Your child may be frightened, sad, or angry. Let your child know that all of these feelings are perfectly acceptable. Tell your child that it's OK to leave the room if she becomes too upset, and that you'll be right there for extra hugs. Be sure to prepare the injured service member for strong emotions from your child, as well.

Teach your child the vocabulary of the injury. Knowing words such as "prosthesis," "rehabilitation," and "physical therapy" can help take the mystery out of the experience for your child, and help him feel more in control.

Arrange for your child to meet with the Family member's medical team. This can happen either just before or after the visit. Your child may have questions about the injury or rehabilitation process that the team can answer in age-appropriate ways.

### **During the visit**

Here are some steps you can take during the visit to help ease the stress for your child:

- Schedule the visit for a time when there is no other business to take care of. That way, if your child becomes frightened or bored, you can cut the visit short.
- Let your child know that it's OK to touch or hug the Family member (assuming that it is).

- Take your cues from your child. If your child doesn't want to go near the Family member, don't force her to. Depending on your child's age and personality, it could take a while for her to adjust to the change.
- Give your child something to bring. A drawing to tape to the wall, a photograph to keep next to the bedside, or flowers for the bedside table can help your child feel as though he's doing something to make the loved one feel better.
- Fill the time as much as possible. It will be easier for the Family to relax during the visit if you bring a book for you or your child to read out loud; a board game, such as checkers; completed schoolwork; or a photo album to look through. Doing these activities together and with the injured service member can help everyone feel more comfortable and reinforce the relationships among Family members.
- Keep the visit short. Younger children may become bored and older children may feel uncomfortable if the visit seems to go on too long.
- Give your child a way to opt out of a visit. Your child may not be ready for the visit, but feel guilty saying so. Tell your child that it's OK not to go just yet, but suggest that she make a special drawing or write a letter for you to bring. The gesture will help your child feel better about staying home. Find ways to keep the connection between your child and the Family member alive -- through e-mail, telephone calls, and letters. It's important for the service member to stay involved in the child's routines as much as possible.

### **After the visit**

Even if you prepare your child thoroughly beforehand, she may still react intensely to the visit. Often these reactions are unpredictable and changeable. After the visit, make sure to:

- Keep an eye on your child for signs that she was overly disturbed by the experience and is not coping well.
- Watch out for behavior changes. Keep in mind that younger children may become clingy and return to old habits and behaviors, such as bed-wetting or thumb-sucking. Older children may suffer physical symptoms, including headaches and stomachaches; becoming irritable or aggressive; doing poorly in school; and engaging in risk-taking behaviors. If any of these behaviors continue for several weeks, seek out the advice of a professional who can help your child cope with the changes in your child's life.
- Let your child know that it's OK to talk about his feelings. Do this by talking about your own feelings. If you notice behavioral changes, be sure to encourage younger children to draw pictures of how they feel inside, and reassure your child that you are there to provide help and support.

This article was written with the help of Ryo Sook Chun, M.D., COL, Medical Corps, U.S. Army Chief, Child and Adolescent Psychiatry Service, Walter Reed Army Medical Center; and Patricia Lester, M.D., Medical Director, Child and Family Trauma Clinic, UCLA Neuropsychiatry Institute © 2005 Ceridian Corporation. All rights reserved.

### **Talking to Your Children about Wartime Injury**

By: Walter Reed Army Medical Center Child and Adolescent Psychiatry Service

#### **Preparing the Child for a Hospital Visit**

- Be sure hospital allows “underage” visitors.
- Don’t force the child to go to the hospital; be sure to ask them if they want to go.
- Try to do a dress rehearsal before actually going, so that the child is familiar with what they may see, hear, smell, feel.
- Make the first visit brief, and be sure to ask them if they want a 2nd visit.
- Prepare for varied emotional reactions, and involve the child in conversation and interaction; don’t let them feel unimportant or excluded.
- Let the child know that the medical staff is doing all they can do to help their injured loved one.
- If the child asks questions, parent should be honest, and let them know they’ll try to find the answer.

#### **How to Help at Home**

- Very young children need a lot of cuddling and verbal support.
- Answer questions honestly, but don’t dwell on frightening details or allow the subject to dominate Family time indefinitely.
- Encourage children of all ages to express emotions through conversation, drawing, or painting, but allow silences.
- Limit viewing of TV and paper news coverage.
- Listen attentively; provide reassurance without minimizing their fears.
- Maintain a normal household and encourage children to participate in

recreational activity.

## **Common Reactions to Learning about Parent's Injury**

### Infants/Toddlers (before age 3)

- Crying, clinging.
- Searching for parents/caregivers.
- Change in sleep and eating habits.
- Regression to earlier behavior (e.g. bedwetting, thumb sucking).
- Repetitive play or talk.

### Preschoolers/Young Children (3-5 yrs)

- Separation fears, clinging.
- Fighting, crying, tantrums, irritable outbursts.
- Withdrawal, regression to earlier behaviors.
- Sleep difficulty.
- Acting/talking as if the person is not injured.
- Increased usual fears (the dark, monsters).

### Early School-Age Children (6-9 yrs)

- Anger, fighting, bullying.
- Denial, irritability, self-blame.
- Fluctuating moods, withdrawal.
- Regression to earlier behavior.
- Fear of separation and being alone.
- Physical complaints (stomach/headaches).

- School problems (avoidance, academic difficulty, difficulty concentrating).

#### Middle School-Age Children (9-12 yrs)

- Crying, sadness, isolation, withdrawal.
- Aggression, irritability, bullying.
- Resentment, fears, anxiety, panic.
- Suppressed emotions, denial, avoidance.
- Self-blame, guilt, sleep disturbance.
- Physical health symptoms and complaints.
- Academic problems or decline, school refusal, memory problems.
- Repetitive thoughts or talks with peers.
- “Hysterical” expressions of concern and need for help.

#### Early Teens/Adolescents (13-18 yrs)

- Numbing, avoidance of feelings.
- Resentment, loss of trust, guilt, shame.
- Depression, suicidal thoughts.
- Distancing, withdrawal, panic, anxiety.
- Mood swings, irritability, anger.
- Acting out (engaging in risky, antisocial, or illegal behavior), substance abuse.
- Appetite and/or sleep changes.
- Physical complaints or changes.
- Academic decline, school refusal.
- Fear or similar events/illness/death/future.

## **When to Talk to Your Child**

- The sooner, the better.
- When the panic subsides and you can talk about it more calmly.
- When you know more about the nature and the extent of the injury.
- When you can deliver the news rather than someone else.

## **How to Talk to Your Child**

(Be prepared to repeat information to the child).

- Explain the injury based on the child's age and using the child's language (e.g., boo boo, broken leg, etc.).
- Speak calmly and as truthfully as possible.
- Keep it short/brief and simple.
- Talk Face-to-face is better than phone.
- Select an uninterrupted, non-distracting, private, quiet environment; keep eye contact.

## **What to Tell Your Child**

- Who has been injured.
- The nature/type of injury.
- What is being done to help the injured parent/guardian.
- The child is NOT the cause of it.
- The child is safe and will receive care.
- Reassurance is the key.

## **Internet Resources:**

American Academy of Child/Adolescent Psychiatry  
[www.aacap.org](http://www.aacap.org)

American Academy of Pediatrics  
[www.aap.org/terrorism/index.html](http://www.aap.org/terrorism/index.html)



National Child Care Information Center  
[www.nccic.org/poptopics/cope.html](http://www.nccic.org/poptopics/cope.html)

NYU Child Study Center  
[www.aboutourkids.org/aboutour/articles/crisis\\_index.html](http://www.aboutourkids.org/aboutour/articles/crisis_index.html)

Parent's Guide to the Military Child During Deployment and Reunion  
[www.southcom.mil/QOL/JS\\_Parent\\_Handbook\\_10\\_29\\_03.pdf](http://www.southcom.mil/QOL/JS_Parent_Handbook_10_29_03.pdf)

## **Blanketing Military Children with Security**

By Stephen J. Cozza, M.D.

COL, U.S. Army, Chief Department of Psychiatry, WRAMC

Military life is inherently one of great accomplishments and benefits, but it also presents significant risks and dangers to active duty personnel. Injury or death are possibilities that can be faced by military personnel and their Families at any time. If something does happen to a military service member, it affects everyone in his or her Family; no Family member is immune to the impact of such an incident. Even when children are too young to be able to speak and clearly reveal their thoughts and feelings, research and experience reveals that they are profoundly influenced by these significant events. Some experts refer to these as “transforming” experiences. While powerless to protect military children from difficult life experiences, there are many ways we can work together to help children through these challenges and make transformations as positive as possible. Below are some simple steps that might be taken by Families facing uncertainty or grief:

- Keep lines of communication open. Parents and educators are both members of the child’s support team. Since teamwork is more effective when communication is direct, talk and keeping talking about what is happening in the child’s life. Every team member is responsible for this activity. Parents need to let educators know about changes that may affect their child. Teachers need to ask about any changes they observe in a child’s understanding. Parents may be so overwhelmed by the events and critical decisions they have to make that they may forget to communicate important information to the school in a timely manner.
- Limit disruption to routines as much as possible. Continuity represents stability. A predictable schedule can be extremely comforting. Children know what to expect at school, making it a potential haven for children who feel that their life has been turned upside-down. Keeping to a routine can also help adults see how a child is doing since they know how the child used to behave in the same situation.
- Talk about changes in the way that works best for your child. Children of different ages and abilities will require different amounts of information, explained in various ways. A thirteen year old will have more questions and want more information than a three year old. A child who has special needs may need to discuss or express his or her reactions to the changes in a different way. A verbal child may want to talk about what has happened more than a visual child, who would be better served by drawing pictures. Tailor your reactions and responses to the needs of that individual child.
- Discuss feelings. Just as children have to learn the names of colors and shapes, they also have to learn the names of feelings. They need to understand that everyone has all kinds of feelings, and that even grown-ups feel scared or alone at times. Children are also incredibly perceptive. If they think an adult is sad or worried, it can be confusing if the adult denies those emotions and says that he/she is not. Talk about how they feel, how you feel, and what you can each do

to cope with those feelings. Show children that all feelings are OK; it is what you do about them that is most important.

- Tap into existing resources. The military has a host of resources to help military members and their spouses. Communities also have sources of support for Families. Schools are a great place to learn about community resources. Remember that the Internet can link you to supportive people no matter where you live.

- Engage children in creating coping mechanisms. The most effective ways to support children are the ones that they take part of creating. Rather than pitying children, honor their sacrifices and their courage in expressing their feelings, and involve them in creating coping mechanisms that work for them. In this way, you will be supporting their strength and encouraging their courage, while helping them feel more in control.

- Provide extra time and support whenever possible. Children, just like adults, may not react to changes in the way that those around them may expect. Special events, such as Father's Day and Mother's Day, may reveal grief that had been hidden from view. Day to day activities may be abandoned because they are difficult to face at first- for example, the book that was always shared at bedtime may be shelved for awhile. Since grief is such an intensely personal experience, make sure that those grieving have access to support for a while instead of confining your support to the period just after the change. Knowing that someone else is thinking of their mother on her birthday may be just what a Family needs. Support should be there any time grieving is detected or suspected.

## **Common Reactions to Trauma**

A National Center for PTSD Fact Sheet

Edna B. Foa, Elizabeth A. Hembree, David Riggs, Sheila Rauch, and Martin Franklin

Center for the Treatment and Study of Anxiety Department of Psychiatry, University of Pennsylvania

A traumatic experience produces emotional shock and may cause many emotional problems. This handout describes some of the common reactions people have after a trauma. Because everyone responds differently to traumatic events, you may have some of these reactions more than others, and some you may not have at all.

Remember, many changes after a trauma are normal. In fact, most people who directly experience a major trauma have severe problems in the immediate aftermath. Many people then feel much better within three months after the event, but others recover more slowly, and some do not recover enough without help. Becoming more aware of the changes you've undergone since your trauma is the first step toward recovery.

Some of the most common problems after a trauma are described below.

1. Fear and anxiety. Anxiety is a common and natural response to a dangerous situation. For many it lasts long after the trauma ended. This happens when views of the world and a sense of safety have changed. You may become anxious when you remember the trauma. But sometimes anxiety may come from out of the blue. Triggers or cues that can cause anxiety may include places, times of day, certain smells or noises, or any situation that reminds you of the trauma. As you begin to pay more attention to the times you feel afraid, you can discover the triggers for your anxiety. In this way, you may learn that some of the out-of-the-blue anxiety is really triggered by things that remind you of your trauma.

2. Re-experiencing of the trauma. People who have been traumatized often re-experience the traumatic event. For example, you may have unwanted thoughts of the trauma, and find yourself unable to get rid of them. Some people have flashbacks, or very vivid images, as if the trauma is occurring again. Nightmares are also common. These symptoms occur because a traumatic experience is so shocking and so different from everyday experiences that you can't fit it into what you know about the world. So in order to understand what happened, your mind keeps bringing the memory back, as if to better digest it and fit it in.

3. Increased arousal is also a common response to trauma. This includes feeling jumpy, jittery, shaky, being easily startled, and having trouble concentrating or sleeping. Continuous arousal can lead to impatience and irritability, especially if you're not getting enough sleep. The arousal reactions are due to the fight or flight response in your body. The fight or flight response is the way we protect ourselves against danger, and it occurs also in animals. When we protect ourselves from danger by fighting or running away, we need a lot more energy than usual, so our bodies pump out extra adrenaline to help us get the extra energy we need to survive. People who

have been traumatized often see the world as filled with danger, so their bodies are on constant alert, always ready to respond immediately to any attack. The problem is that increased arousal is useful in truly dangerous situations, such as if we find ourselves facing a tiger. But alertness becomes very uncomfortable when it continues for a long time even in safe situations. Another reaction to danger is to freeze, like the deer in the headlights, and this reaction can also occur during a trauma.

4. Avoidance is a common way of managing trauma-related pain. The most common is avoiding situations that remind you of the trauma, such as the place where it happened. Often situations that are less directly related to the trauma are also avoided, such as going out in the evening if the trauma occurred at night. Another way to reduce discomfort is trying to push away painful thoughts and feelings. This can lead to feelings of numbness, where you find it difficult to have both fearful and pleasant or loving feelings. Sometimes the painful thoughts or feelings may be so intense that your mind just blocks them out altogether, and you may not remember parts of the trauma.

5. Many people who have been traumatized feel angry and irritable. If you are not used to feeling angry this may seem scary as well. It may be especially confusing to feel angry at those who are closest to you. Sometimes people feel angry because of feeling irritable so often. Anger can also arise from a feeling that the world is not fair.

6. Trauma often leads to feelings of guilt and shame. Many people blame themselves for things they did or didn't do to survive. For example, some assault survivors believe that they should have fought off an assailant, and blame themselves for the attack. Others feel that if they had not fought back they wouldn't have gotten hurt. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. Sometimes, other people may blame you for the trauma.

Feeling guilty about the trauma means that you are taking responsibility for what occurred. While this may make you feel somewhat more in control, it can also lead to feelings of helplessness and depression.

7. Grief and depression are also common reactions to trauma. This can include feeling down, sad, hopeless or despairing. You may cry more often. You may lose interest in people and activities you used to enjoy. You may also feel that plans you had for the future don't seem to matter anymore, or that life isn't worth living. These feelings can lead to thoughts of wishing you were dead, or doing something to hurt or kill yourself. Because the trauma has changed so much of how you see the world and yourself, it makes sense to feel sad and to grieve for what you lost because of the trauma.

8. Self-image and views of the world often become more negative after a trauma. You may tell yourself, "If I hadn't been so weak or stupid this wouldn't have happened to me." Many people see themselves as more negative overall after the trauma ("I am a bad person and deserved this."). It is also very common to see others more negatively, and to feel that you can't trust anyone. If you used to think about the world as a safe place, the trauma may suddenly make you think that the world is very dangerous. If you had previous bad experiences, the trauma convinces you that the world is dangerous and others aren't to be trusted. These negative thoughts often make people

feel they have been changed completely by the trauma. Relationships with others can become tense and it is difficult to become intimate with people as your trust decreases.

9. Sexual relationships may also suffer after a traumatic experience. Many people find it difficult to feel sexual or have sexual relationships. This is especially true for those who have been sexually assaulted, since, in addition to the lack of trust, sex itself is a reminder of the assault.

10. Some people increase their use of alcohol or other substances after a trauma. There is nothing wrong with responsible drinking, but if your use of alcohol or drugs changed as a result of your traumatic experience, it can slow down your recovery and cause problems of its own.

Many of the reactions to trauma are connected to one another. For example, a flashback may make you feel out of control, and will therefore produce fear and arousal. Many people think that their common reactions to the trauma mean that they are "going crazy" or "losing it." These thoughts can make them even more fearful. Again, as you become aware of the changes you have gone through since the trauma, and as you process these experiences during treatment, the symptoms should become less distressing.

## **Stress**

Have you ever:

- felt so tense, discouraged, or angry that you were afraid you just couldn't cope?
- had an extremely stressful experience that you try not to think about, but it still continues to bother you or is repeated in nightmares?
- felt constantly on guard or watchful, or been on edge or jumpy more than you really need to be?
- had a Family member who seemed troubled in these ways?

*If so, this information is for you.*

## **Everyone Experiences Stress**

Stress is a normal response of the body and mind. Everyone feels stress when gearing up to deal with major life events (such as marriage, divorce, births, deaths, or starting or ending a job) or handling everyday hassles like arguments, financial headaches, deadlines, or traffic jams.

**Physical signs of a stress response include:**

- Rapid heartbeat
- Headaches
- Stomach aches
- Muscle tension

**Emotional signs of stress can be both positive and upsetting:**

- Excitement, Frustration, Anxiety
- Exhilaration, Nervousness, Anger
- Joy, Discouragement

### **Stress Can Become a Problem**

Repeated stress drains and wears down your body and mind. Stress is like starting a car engine or pushing the accelerator pedal to speed up. If you keep revving up the car, you'll burn out the starter and wear out both the brakes and the engine. Burnout occurs when repeated stress is not balanced by healthy time outs for genuine relaxation. Stress need not be a problem if you manage it by smoothly and calmly entering or leaving life's fast lane.

### **Managing Stress**

Stress Management involves responding to major life events and everyday hassles by relaxing as well as tensing up. Relaxation actually is a part of the normal stress response. When faced with life's challenges, people not only tense up to react rapidly and forcefully, but they also become calm in order to think clearly and act with control.

Techniques for managing stress include:

- Body and mental relaxation
- Positive thinking
- Problem solving
- Anger control
- Time management
- Exercise
- Responsible assertiveness
- Interpersonal communication

Physical benefits of managing stress include:

- Better sleep, energy, strength, and mobility
- Reduced tension, pain, blood pressure, heart problems, and infectious illnesses

Emotional benefits of managing stress include:

- Increased quality of life and well-being
- Reduced anxiety, depression, and irritability

### **Tips for Dealing with Others and the Media**

Here are some tips from those who have had dealings with the media and well wishers.

- It is your choice to respond to the media. You have the right to say “No, thank you”, “I don’t know”, or “No comment” if approached by a reporter. You have no obligation to explain yourself or why you prefer not to talk to the media.
- If you are considering talking to the media or have been approached, utilize the Public Affairs Office (PAO) at EAMC to help you. As a Family member, you are not required to report to the PAO, but as they deal with the media on a regular basis, they can offer valuable support and advice.
- When you put information out in public domain, there is no calling it back. Whatever you say can and will be repeated. Consider carefully what details you may want to reveal to well wishers or the media.
- No matter what you say, understand that rumors will circulate about your Soldier’s injury, progress, and circumstances surrounding the injury.
- You may wish to designate a Family “spokesperson” who will update others on your Soldier’s progress. (See “Caring Bridge” in section 3 for more information about creating a web site for your Soldier)
- Don’t feel you have to respond to all phone calls, emails or cards from well wishers. You and your Soldier decide when visitors are welcome.
- Everyone responds differently to crisis. Some feel an intense desire to help and others may stay away because they don’t know what to say and are uncomfortable. Just because you don’t hear from someone doesn’t mean that they don’t care. Keep expectations realistic.
- Keep a list of “needs” and when approached with offers of help give specific suggestions (i.e. mow the yard, get the mail, walk the dog, help with meals).
- If you are feeling emotionally overwrought, count to 10 before replying to someone. Believe that everyone is genuinely trying to help, even if you feel they have said the “wrong” thing. Watch for questions designed to provoke an emotional response.
- Try to maintain a positive attitude when people approach.
- Keep the unit apprised of your Soldier’s condition. Other Soldiers still deployed will want to know how your Soldier is doing.



**Family and Medical Leave Act** ( <http://www.dol.gov/elaws/esa/fmla/fmlamenu.asp>)  
As of 1 May 2008

*Entitlement*

**The Family and Medical Leave Act was amended on January 28, 2008. The Act now permits a “spouse, son, daughter, parent, or next of kin” to take up to 26 workweeks of leave to care for a “member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.”**

Under the Family and Medical Leave Act of 1993 (FMLA), most Federal employees are entitled to a total of up to 12 workweeks of unpaid leave during any 12-month period for the following purposes:

- the birth of a son or daughter of the employee and the care of such son or daughter;
- the placement of a son or daughter with the employee for adoption or foster care;
- the care of spouse, son, daughter, or parent of the employee who has a serious health condition;  
or
- a serious health condition of the employee that makes the employee unable to perform the essential functions of his or her positions.

Under certain conditions, an employee may use the 12 weeks of FMLA leave intermittently. An employee may elect to substitute annual leave and/or sick leave, consistent with current laws and OPM's regulations for using annual and sick leave, for any unpaid leave under the FMLA. (The amount of sick leave that may be used to care for a Family member is limited. FMLA leave is in addition to other paid time off available to an employee.)

*Job Benefits and Protection*

- Upon return from FMLA leave, an employee must be returned to the same position or to an "equivalent position with equivalent benefits, pay, status, and other terms and conditions of employment."
- An employee who takes FMLA leave is entitled to maintain health benefits coverage. An employee on unpaid FMLA leave may pay the employee share of the premiums on a current basis or pay upon return to work.

*Advance Notice and Medical Certification*

- An employee must provide notice of his or her intent to take Family and medical leave not less than 30 days before leave is to begin or, in emergencies, as soon as is practicable.

- An agency may request medical certification for FMLA leave taken to care for an employee's spouse, son, daughter, or parent who has a serious health condition or for the serious health condition of the employee.

### *Frequently Asked Questions and Answers*

#### Q: How much leave am I entitled to under FMLA?

If you are an "eligible" employee, you are entitled to 12 weeks of leave for certain Family and medical reasons during a 12-month period.

#### Q: How is the 12-month period calculated under FMLA?

Employers may select one of four options for determining the 12-month period:

- the calendar year;
  - any fixed 12-month "leave year" such as a fiscal year, a year required by state law, or a year starting on the employee's "anniversary" date;
  - the 12-month period measured forward from the date any employee's first FMLA leave begins;
- or
- a "rolling" 12-month period measured backward from the date an employee uses FMLA leave.

#### Q: Does the law guarantee paid time off?

No. The FMLA only requires unpaid leave. However, the law permits an employee to elect, or the employer to require the employee, to use accrued paid leave, such as vacation or sick leave, for some or all of the FMLA leave period. When paid leave is substituted for unpaid FMLA leave, it may be counted against the 12-week FMLA leave entitlement if the employee is properly notified of the designation when the leave begins.

#### Q: Does workers' compensation leave count against an employee's FMLA leave entitlement?

It can. FMLA leave and workers' compensation leave can run together, provided the reason for the absence is due to a qualifying serious illness or injury and the employer properly notifies the employee in writing that the leave will be counted as FMLA leave.

#### Q: Can the employer count leave taken due to pregnancy complications against the 12 weeks of FMLA leave for the birth and care of my child?

Yes. An eligible employee is entitled to a total of 12 weeks of FMLA leave in a 12-month period. If the employee has to use some of that leave for another reason, including a difficult pregnancy, it may be counted as part of the 12-week FMLA leave entitlement.

Q: Can the employer count time on maternity leave or pregnancy disability as FMLA leave?

Yes. Pregnancy disability leave or maternity leave for the birth of a child would be considered qualifying FMLA leave for a serious health condition and may be counted in the 12 weeks of leave, so long as the employer properly notifies the employee in writing of the designation.

Q: If an employer fails to tell employees that the leave is FMLA leave, can the employer count the time they have already been off against the 12 weeks of FMLA leave?

In most situations, the employer cannot count leave as FMLA leave retroactively. Remember, the employee must be notified in writing that an absence is being designated as FMLA leave. If the employer was not aware of the reason for the leave, leave may be designated as FMLA leave retroactively only while the leave is in progress or within two business days of the employee's return to work.

Q: Who is considered an immediate "Family member" for purposes of taking FMLA leave?

An employee's spouse, children (son or daughter), and parents are immediate Family members for purposes of FMLA. The term "parent" does not include a parent "in-law". The terms son or daughter do not include individuals age 18 or over unless they are "incapable of self-care" because of mental or physical disability that limits one or more of the "major life activities" as those terms are defined in regulations issued by the Equal Employment Opportunity Commission (EEOC) under the Americans With Disabilities Act (ADA).

Q: May I take FMLA leave for visits to a physical therapist, if my doctor prescribes the therapy?

Yes. FMLA permits you to take leave to receive "continuing treatment by a health care provider," which can include recurring absences for therapy treatments such as those ordered by a doctor for physical therapy after a hospital stay or for treatment of severe arthritis.

Q: Which employees are eligible to take FMLA leave?

Employees are eligible to take FMLA leave if they have worked for their employer for at least 12 months, and have worked for at least 1,250 hours over the previous 12 months, and work at a location where at least 50 employees are employed by the employer within 75 miles.

Q: Do the 12 months of service with the employer have to be continuous or consecutive?

No. The 12 months do not have to be continuous or consecutive; all time worked for the employer is counted.

Q: Do the 1,250 hours include paid leave time or other absences from work?

No. The 1,250 hours include only those hours actually worked for the employer. Paid leave and

unpaid leave, including FMLA leave, are not included.

Q: How do I determine if I have worked 1,250 hours in a 12-month period?

Your individual record of hours worked would be used to determine whether 1,250 hours had been worked in the 12 months prior to the commencement of FMLA leave. As a rule of thumb, the following may be helpful for estimating whether this test for eligibility has been met:

24 hours worked in each of the 52 weeks of the year; or

over 104 hours worked in each of the 12 months of the year; or

40 hours worked per week for more than 31 weeks (over seven months) of the year.

Q: Do I have to give my employer my medical records for leave due to a serious health condition?

No. You do not have to provide medical records. The employer may, however, request that, for any leave taken due to a serious health condition, you provide a medical certification confirming that a serious health condition exists.

Q: Can my employer require me to return to work before I exhaust my leave?

Subject to certain limitations, your employer may deny the continuation of FMLA leave due to a serious health condition if you fail to fulfill any obligations to provide supporting medical certification. The employer may not, however, require you to return to work early by offering you a light duty assignment.

Q: Are there any restrictions on how I spend my time while on leave?

Employers with established policies regarding outside employment while on paid or unpaid leave may uniformly apply those policies to employees on FMLA leave. Otherwise, the employer may not restrict your activities. The protections of FMLA will not, however, cover situations where the reason for leave no longer exists, where the employee has not provided required notices or certifications, or where the employee has misrepresented the reason for leave.

Q: Can my employer make inquiries about my leave during my absence?

Yes, but only to you. Your employer may ask you questions to confirm whether the leave needed or being taken qualifies for FMLA purposes, and may require periodic reports on your status and intent to return to work after leave. Also, if the employer wishes to obtain another opinion, you may be required to obtain additional medical certification at the employer's expense or rectifications during a period of FMLA leave. The employer may have a health care provider representing the employer contact your health care provider, with your permission, to clarify information in the medical certification or to confirm that it was provided by the health care provider. The inquiry may not seek additional information regarding your health condition or that of a Family member.

Q: Can my employer refuse to grant me FMLA leave?

If you are an "eligible" employee who has met FMLA's notice and certification requirements (and you have not exhausted your FMLA leave entitlement for the year), you may not be denied FMLA leave.

Q: Will I lose my job if I take FMLA leave?

Generally, no. It is unlawful for any employer to interfere with or restrain or deny the exercise of any right provided under this law. Employers cannot use the taking of FMLA leave as a negative factor in employment actions, such as hiring, promotions or disciplinary actions; nor can FMLA leave be counted under "no fault" attendance policies. Under limited circumstances, an employer may deny reinstatement to work - but not the use of FMLA leave - to certain highly-paid, salaried ("key") employees.

Q: Are there other circumstances in which my employer can deny me FMLA leave or reinstatement to my job?

In addition to denying reinstatement in certain circumstances to "key" employees, employers are not required to continue FMLA benefits or reinstate employees who would have been laid off or otherwise had their employment terminated had they continued to work during the FMLA leave period as, for example, due to a general layoff.

Employees who give unequivocal notice that they do not intend to return to work lose their entitlement to FMLA leave.

Employees who are unable to return to work and have exhausted their 12 weeks of FMLA leave in the designated "12 month period" no longer have FMLA protections of leave or job restoration. Under certain circumstances, employers who advise employees experiencing a serious health condition that they will require a medical certificate of fitness for duty to return to work may deny reinstatement to an employee who fails to provide the certification, or may delay reinstatement until the certification is submitted.

Q: Can my employer fire me for complaining about a violation of FMLA?

No. Nor can the employer take any other adverse employment action on this basis. It is unlawful for any employer to discharge or otherwise discriminate against an employee for opposing a practice made unlawful under FMLA.

Q: Does an employer have to pay bonuses to employees who have been on FMLA leave?

The FMLA requires that employees be restored to the same or an equivalent position. If an employee was eligible for a bonus before taking FMLA leave, the employee would be eligible for the bonus upon returning to work. The FMLA leave may not be counted against the employee. For example, if an employer offers a perfect attendance bonus, and the employee has not missed any time prior to taking FMLA leave, the employee would still be eligible for the

bonus upon returning from FMLA leave.

On the other hand, FMLA does not require that employees on FMLA leave be allowed to accrue benefits or seniority. For example, an employee on FMLA leave might not have sufficient sales to qualify for a bonus. The employer is not required to make any special accommodation for this employee because of FMLA. The employer must, of course, treat an employee who has used FMLA leave at least as well as other employees on paid and unpaid leave (as appropriate) are treated.

Q: Under what circumstances is leave designated as FMLA leave and counted against the employee's total entitlement?

In all circumstances, it is the employer's responsibility to designate leave taken for an FMLA reason as FMLA leave. The designation must be based upon information furnished by the employee. Leave may not be designated as FMLA leave after the leave has been completed and the employee has returned to work, except if:

the employer is awaiting receipt of the medical certification to confirm the existence of a serious health condition; or,

the employer was unaware that leave was for an FMLA reason, and subsequently acquires information from the employee such as when the employee requests additional or extensions of leave; or,

the employer was unaware that the leave was for an FMLA reason, and the employee notifies the employer within two days after return to work that the leave was FMLA leave.

Q: Can my employer count FMLA leave I take against a no fault absentee policy?

No.

## **SECTION 3**

### **INPATIENT**

- a. Medical Care Team: Role and definitions
- b. You as Your Soldier's Advocate
- c. Patient Bill of Rights
- d. A Soldier's Viewpoint
- e. War Zone Related Stress- What Families Need to Know
- f. Taking Care of Yourself (not just your Soldier)
- g. Reunion Information
- h. Learning to Use the Internet
- i. Caring Bridge- a way to keep other's informed of progress

## Care Team Roles and Definitions

While your Soldier is on inpatient status, meaning they are occupying a bed within the hospital, there is a multidisciplinary team which cares for them and oversees their recovery. Membership of this team is determined based on the injuries received and needs of the individual Soldier. There are some common components on these teams. This overview is provided as more of an example than as a template of care. Regardless of who comprises the team, the quality of care provided at Eisenhower Army Medical Care is unparalleled.

To ensure that medical treatment is continuing as smoothly as possible, a basic support team called the TRIAD will be assigned to your Soldier. The Triad consists of the Soldier's nurse case manager, primary care manager and squad leader. Given the large numbers of providers and support personnel who may be caring for a patient, the composition of the medical team can be confusing for Family members (and patients!). The case manager "directs traffic" and is a valuable resource for Family members who may have questions about their loved one's medical care.

A licensed professional social worker is assigned to all Soldiers when they arrive at EAMC. They act as a liaison between the medical treatment team and the Soldier and Family. The social worker provides psychosocial assessment and intervention for both the Soldier and Family. The social worker can provide medical crisis counseling and supportive counseling. They will assist meeting the needs of the Family, whatever they may be, by linking the Family with the appropriate agencies and resources. The social worker is a linchpin in the system of wounded care as they provide a continuity factor for the Soldier/Family from arrival at EAMC until discharge. While other members of the team will change, the social worker normally remains throughout the inpatient process. The social worker is an integral part of discharge planning which begins the moment the Soldier arrives at EAMC. The social worker ensures a smooth transition to the next level of care. The next level of care could be the VA, another military treatment facility, a treatment facility near the Soldier's Family, out patient status at EAMC, or a complete discharge from medical care. The social worker incorporates the needs of the Family during this transition, to include coordinating for home health care, equipment, etc. If the Soldier returns at some point in the future to inpatient status at EAMC, Department of Social Work Services will try to assign the same social worker to the Soldier and Family. Be actively involved with the social worker and establish contact when you arrive. Ask for what you need. A chaplain and/or Social Worker is on duty at the hospital. Ask the Duty Station Nurse.

The medical team often includes doctors, nurses, social workers, various therapists, technicians, and numerous other supporting staff members. When a patient is treated by several different medical services (or specialties), the number of "team members" can increase dramatically.

The following is a partial listing (and brief description) of the various personnel who may comprise a multidisciplinary medical team. Families will encounter many of these health care professionals during your Soldier's hospital stay:

**Attending physician/surgeon:** The senior doctor directing medical care.

**Resident or resident physician:** A doctor at any level in a graduate medical education program,



including subspecialty programs. Other terms used to refer to these individuals include interns, house officers, house staff, trainees or fellows.

The term "fellow" is sometimes used to denote physicians in subspecialty programs (versus residents in specialty programs) or in graduate medical education programs that are beyond the requirements for eligibility for first board certification in the discipline.

The term "intern" is sometimes used to denote physicians in their first year of training.

**Staff physician:** A fully-trained doctor who is a member of the medical/surgical staff.

**Staff nurse:** A fully-trained registered nurse (RN) assigned to a particular service or ward. RNs care for patients at the hospital bedside, in private clinics, and in the patient's home. Nurses may also work to help prevent disease, to educate the public about health issues, to enhance public health, and to support ill patients both physically and mentally. A nurse may also be the Case Manager for your Soldier.

**Nurse Practitioner:** A nurse practitioner (NP) is a registered nurse (RN) who has completed advanced education and training in the diagnosis and management of common medical conditions, including chronic illnesses. Nurse practitioners provide a broad range of health care services.

**Licensed Practical Nurse/Licensed Vocational Nurse:** LPNs/LVNs perform duties that may include giving injections, taking vital signs, performing basic diagnostic tests, observing patients, dressing wounds, and administering medication. They also assist patients in daily living activities such as eating, dressing, exercising, and bathing.

**Physician Assistant:** Physician Assistants (PAs) practice medicine under the supervision of physicians and surgeons. They should not be confused with medical assistants, who perform routine clinical and clerical tasks. PAs are trained to provide diagnostic, therapeutic, and preventive health care services, as delegated by a physician.

**Social Worker:** Social Workers help people function the best way they can in their environment and solve personal and Family problems. Social workers often see clients who face a life-threatening medical conditions or social problems. Social Workers often serve as Case Managers.

**Respiratory therapist:** evaluate, treat, and care for patients with breathing or other cardiopulmonary disorders. Practicing under the direction of a physician, respiratory therapists assume primary responsibility for all respiratory care therapeutic treatments and diagnostic procedures, including the supervision of respiratory therapy technicians.

**Occupational therapist:** Occupational therapists (OTs) help people improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, or emotionally disabling. They also help them to develop, recover, or maintain daily living and work skills.

**Physical therapist:** Physical therapists (PT) provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. They restore, maintain, and promote overall fitness and health.

There are a variety of essential supportive personnel to include clergy, medical assistants, laboratory technicians, dietary/nutrition specialists, clerical staff, and others.

There are a number of students of the various medical professions to include nursing, dental, physical therapy and others.

Other non-medical personnel interacting with the Family during the inpatient stay may include the Soldier Family Assistance Center (or SFAC), Family Readiness Support Assistant, Chaplains, representatives from the Warrior Transition Battalion, and unit liaisons. Please see a full write up on these organizations in the resource section, but a brief description is included here.

The SFAC is a valuable resource for Families. The SFAC can assist with obtaining an authorization card granting permission to use the commissary (Army grocery store) and PX (Army department store) and other post facilities.

Chaplains provide spiritual support for the Soldier and the Family. There are chapels located within the hospital and multiple chapels are available on Fort Gordon.

Representatives from the Warrior Transition Battalion usually make contact with the Soldier and Family within 24 hours of the Soldier's arrival at EAMC. These companies are military units that the Soldiers are assigned to or attached to while at EAMC. More information about the role of these companies can be found in the outpatient section.

Check to see if your Soldier's home unit has a liaison at EAMC. If there is no unit liaison at EAMC, stay in touch with the Rear Detachment Commander (member of your Soldier's unit left behind to care for Families). Not only can they provide you with information and support, they can also update the members of your Soldier's unit still deployed and keep them current on your Soldier's condition.

Your Soldier may be transferred to the VA system as an inpatient. There is a VA liaison inside EAMC to facilitate this transfer. Please confer with the liaison and remember that your T&TOs at EAMC will have to be closed out, and the travel voucher filed, before leaving.

Your Soldier may also be transferred to another military treatment facility, usually in an effort to either get the Soldier closer to home, or to connect the Soldier to a specific type of care. Work with the Squad Leader to determine if someone can travel with the Soldier and how the T&TOs will change during this time.

### **You as Your Soldier's Advocate**

If you have traveled to EAMC on travel and transportation orders (T&TOs), then the medical

team has determined it is in your Soldier's best interest to have you by their side during this initial phase of the recovery process. Contact the Squad Leader about requesting T&TO orders. You may have made the trip to EAMC without T&TOs at your Soldier's request. Everyone involved in this recovery effort, from the medical staff to supporting agencies, has the Soldier's best interest at heart and yours as well.

Your Soldier came to EAMC as a result of sustaining an injury or illness that requires medical treatment that may tax the limits of his or her physical and emotional resources. During this time, you can choose to be a valuable advocate for your Soldier. No one knows your Soldier as you do. Now that you are here at EAMC, the reality of the injuries sustained by your Soldier may seem overwhelming. With all the excellent and complex medical care that your Soldier is receiving, what can you do to enhance the recovery process? How can you advocate for your Soldier with the professional teams already in place? Below are some suggestions on how to be an advocate for your Soldier during this time. It's your choice on how involved you want to be. Depending on the severity of your Soldier's injury, he or she may not be able to speak up for themselves. If you feel more comfortable being an emotional supporter for your Soldier, allow another Family member to be the advocate.

Engage the care team from the beginning and establish a relationship that is both open and honest to best benefit your Soldier. Make sure that you thoroughly understand both the diagnosis (what medically has occurred and is occurring) and the prognosis (the impact this will have on your Soldier, the outcome) so that you are aware of the optimal outcome and the plan to achieve that outcome. Be aware that your Soldier's condition can change and both the diagnosis and prognosis may change accordingly. There are no certainties or absolutes in making predictions.

Maintain harmony with the care team, especially during the difficult times. Expect that some information may be unpleasant to hear. Remind yourself that everyone is focused on the same thing, working toward the best outcome for your Soldier. When things get tough, your Soldier needs the unified support the most. Be a positive team member.

Know when the daily rounds are made and be there to take notes each time the care team assesses the status of your Soldier. Write down the terms used (spelling counts) and what those terms mean. Write down the treatment plan, and update it when necessary. Become familiar with the daily routine of care for your Soldier. Be aware of shift changes and times when the staff is less available. The medical team takes care of many patients, but you are there to take care of one: your Soldier.

Ask questions and identify who your primary point of contact is. Write down questions as they occur to you between rounds, so that you remember them for the next time. The focus of the health care team is on the Soldier during these visits. Being organized and prepared by having your questions written and taking notes will maximize the exchange of information. Remember, the care team has other patients to see and time is limited, so prepare beforehand.

Keep a written copy of the treatment plan and daily routine with you at the hospital. Know when your Soldier is scheduled to undergo medical procedures such as diagnostic testing,

procedures, or therapies. Be aware of any requirements that must be met before a test such as no eating or drinking for a certain number of hours before the test and make sure your Soldier sticks to it. If the schedule changes or a test does not occur, check in with the care team to find out why.

Know what medications are given, when, and possible side effects. If a medication is missed, ask about it. If you notice a possible side effect, bring it to the attention of the medical staff.

Your observations of your Soldier's overall level of comfort and behaviors are important to enhancing the care received. You may notice your Soldier having side effects from medication, showing discomfort before pain medication is due, becoming restless while sleeping, not eating, having difficulty while eating, or other issues that concern you. Write down your observations that you would like to bring to the notice of the medical care team. Be specific about when the issue arose, how long it lasted, and the intensity of the event. This applies to the emotional state of your Soldier as well. The healing process involves both the physical and emotional, so speak up about behavioral changes you notice. You will spend more time with your Soldier than the health care team can, and your insight is valuable.

You can help protect your Soldier from infection by being a vigilant hand washer as a first line of defense. Wash your hands throughout the day as you enter the room. Make sure visitors do the same, to include anyone who touches your Soldier. Bring disinfecting wipes and wipe down the surfaces your Soldier may come in contact with such as bed rails, TV remote, etc. The hospital does all it can to prevent infection and you should as well. If you are not feeling well, let the staff know. They will give you a mask so that you do not spread your germs to your Soldier or others at the hospital. If you have an open wound or rash, keep it covered. Not only are you protecting your Soldier and the other patients, you are protecting yourself as well.

Be patient with your Soldier and with yourself. This is a stressful time for you both, and the bottom line is to get your Soldier to the best possible outcome. It will take time to adjust to the situation. Expect some peaks and valleys to occur. Reunions are stressful under the best of circumstances. Crisis can play havoc with Family relationships. Stay positive to benefit you both.

Utilize all support services so that you can then support your Soldier to the best of your abilities. You cannot help your Soldier if you don't take care of yourself. There are many resources available to you. Please see the section "Taking Care of You".

**Remember, that rest is needed for yourself, your Family and the Soldier during this stressful time.**

## **Patient's Bill of Rights**

### **PATIENT RIGHTS AND RESPONSIBILITIES**

The patients, their Families and the healthcare providers must become key members of the team responsible for providing the best possible care and are the cornerstones of a successful patient and Family centered care approach.

Patient Rights and Responsibilities are promoted by all Dwight David Eisenhower Army Medical Center (DDEAMC) and USA Dental Activity (DENTAC) personnel and are an integral part of the healing process. Providing quality healthcare is a complex task requiring close cooperation between all parties. (Please note that child and adolescent patients will be represented by their parents and/or guardians as required by Georgia law. A joint effort between parents and/or guardians and the facility staff should ensure that these patients have the same rights and responsibilities exercised by their parents or other legal representatives.) All patients have the right to include their Family members in their medical care decisions.

### **PATIENT RIGHTS**

**MEDICAL AND DENTAL CARE.** Patients have the right to quality care and treatment consistent with available resources and generally accepted standards. Patients also have the right to participate in the planning of medical treatment, including the right to refuse treatment to the extent permitted by law and government regulations and to be informed of the consequences of their refusal, even if the treatment is life-sustaining.

**PAIN MANAGEMENT:** Patient's right to pain management is respected and supported by the staff when receiving medical care at DDEAMC and DENTAC. We are committed to educate patients on pain prevention and management. We will respond to the needs of those patients presenting with pain.

**ADVANCE MEDICAL DIRECTIVES:** Patients have the right, as permitted by law, to formulate advance medical directives, which may include living wills, durable powers of attorney or similar documents portraying their preference. Such documents enable staff and physicians at DDEAMC to carry out a patient's treatment preferences, should the patient become incapable of making such decisions. More information is available from the Center Judge Advocate (706) 787-4097.

**RESPECTFUL TREATMENT:** Patients have the right to considerate and respectful care, with recognition of their personal dignity and consideration of the psychological, spiritual and cultural variables that influence their perception of illness. A chaperone will be provided upon request.

**PRIVACY AND CONFIDENTIALITY:** Patients have the right, within the law and military regulations, to privacy and confidentiality concerning medical care. Patients, or their legally designated representatives, have access to the information contained in the medical record, within the limits of the law. For more information, please refer to the Military Health Systems Notice of Privacy Practices. This brochure can be obtained at the Patient Advocacy Office and in all outpatient clinics.

**IDENTITY:** Patients have the right to know at all times the identity, professional status and professional credentials of healthcare personnel, as well as the names of the healthcare providers primarily responsible for their care.

**EXPLANATION OF CARE:** Patients have the right to an explanation concerning their diagnosis, treatment, procedures and prognosis of illness in terms that the patient can be expected to understand. When it is not medically advisable to give such information to patients, the information should be provided to appropriate Family members or to another appropriate person

in their absence.

**TRANSLATORS:** DDEAMC provides interpretation (including translation) services as necessary. Every possible effort will be made to provide a sign language translator. Patients have the right to have their visual, speech, hearing, language and cognitive impairments addressed.

**INFORMED CONSENT:** Patients have the right to be provided, in non-clinical terms, information needed in order to make knowledgeable decisions regarding consent or refusal for treatment. Such information should include significant complications, risks, benefits and alternative treatments available.

**RESEARCH PROJECTS:** Patients have the right to be advised if the facility proposes to engage in or perform research associated with their care or treatment. Patients have the right to refuse to participate in any research project.

**SAFE ENVIRONMENT:** Patients have the right to care and treatment in a safe environment.

**CHARGES:** Patients have the right to an explanation of charges related to their healthcare.

**DDEAMC AND DENTAC RULES AND REGULATIONS:** Patients have the right to be informed of the facility's rules and regulations pertinent to patient and visitor conduct. Patients will be informed of smoking rules and can expect compliance with those rules from other individuals.

**MINISTRY AND PASTORAL CARE:** Patients have the right to information about the ministrations of the Church in pastoral care during hospitalization (706) 787-6667.

**RESOLUTION OF COMPLAINTS:** Patients are entitled to information about the healthcare facility's mechanism for the initiation, review and resolution of patient complaints.

### **PATIENT RESPONSIBILITIES**

**PROVIDING INFORMATION:** Patients have the responsibility to provide to the best of their knowledge, accurate and complete information about complaints, past illnesses, hospitalizations, medications, advance medical directives and other matters relating to their health. Patients have the responsibility to let their healthcare providers know whether they understand the treatment and what is expected of them.

**PAIN MANAGEMENT:** Patients and/or their Family members have the responsibility to ask the healthcare providers what to expect regarding their pain management and to participate in the discussions and decisions. Patients should ask for pain relief when the pain first begins and notify the healthcare provider if the pain is not relieved; share the concerns.

**RESPECT AND CONSIDERATION:** Patients have the responsibility to be considerate of the rights of other patients and of DDEAMC/DENTAC health facility personnel, and to assist in the control of noise, smoking and the number of visitors. Patients are expected to respect the property of other persons and of the facility.

**COMPLIANCE WITH MEDICAL CARE:** Patients have the responsibility to comply with the medical and nursing treatment plan, including follow-up care recommended by healthcare providers. This includes being on time for appointments and notifying DDEAMC or DENTAC when appointments cannot be kept.

**MEDICAL RECORDS:** Patients have the responsibility to ensure that medical records pertaining to them and their Family members are retained in the medical facility for appropriate filing and maintenance. All medical records documenting care provided by DDEAMC or DENTAC are the property of the U.S. Government. Copies of medical information may be requested to the Correspondence Section at (706) 787-3365.

**DDEAMC AND DENTAC RULES AND REGULATIONS:** Patients have the responsibility to help healthcare facility Commanders provide the best possible care to all beneficiaries. Patients are expected to follow the rules and regulations addressing patient conduct. Regulations regarding smoking should be followed by all patients.

**CHARGES:** Patients have the responsibility for the prompt payment of all charges related to their healthcare.

**REPORTING OF PATIENT COMPLAINTS:** Patients are encouraged to discuss their medical treatment concerns with the healthcare provider or the healthcare management team. If resolution does not occur, the patients or Family members should discuss it with the Patient Advocate or the Inspector General. These officers have access to all areas and will assist to resolve the situation. Patients should be assured that this action will in no way compromise nor diminish their medical care. Administrative concerns can be addressed with the area Head Nurse or the Noncommissioned Officer-in-Charge (NCOIC). Patients' recommendations, questions or suggestions should be directed to the Patient Advocacy Office, who will appropriately address those issues (706)787-4656/7820. After duty hours, the Administrative Officer of the Day, (706) 787-5811, will receive calls and refer them to appropriate offices.

## **ACCESS IS POWER!**

**Reporting of Patient Complaints:** Any concerns, questions, and complaints should be given to the WTB Ombudsman, the EAMC Patient Advocate or Squad Leader.. This will help the Commander provide the best possible care for all patients. After duty hours, the Administrative Officer of the Day will receive calls and refer them to the appropriate office.

Patient Safety .....“Speak Up”

**S**peak up if you have questions or concerns.

**P**ay attention to the care you are receiving.

**E**ducate yourself about your health conditions.

**A**sk a Family member or friend to be your advocate.

**K**now what medications you take and why you take them.

**U**se a health care organization that is certified by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

**P**articipate in all decisions about your care.



## **A Combat Soldier's Viewpoint**

From the point of injury on the battlefield, the Soldier has been moved quickly through an array of treatment facilities based on the geographic location where the Soldier was injured and the type of injury sustained. Most Soldiers are treated at the scene of injury by a combat life saver or field medic, moved to an aid station awaiting evacuation to a Combat Support Hospital (CSH). Once at the CSH, stabilizing measures were taken and the Soldier given medical treatment based on the injury. The doctors at the CSH determined what the extent of injury was and began the procedure to evacuate the Soldier to the United States. From the CSH the Soldier was transported to the aircraft and began the journey back to the US with a stopover in Germany. At each point along the way the Soldier is re-evaluated. Sometimes a delay occurs in Germany if the Soldier required further stabilization before travel. After days of travel and transport, the Soldier arrived at EAMC

Throughout this evacuation process the Soldier may have been heavily medicated or unconscious. The speed of transition from the battlefield to safety in the US is disorienting for anyone, but with the addition of injury and medication, it can take on a surreal quality for the Soldier. For those who were unconscious, their last recollection is from the point of injury or before and they awaken to find themselves in unfamiliar surroundings and seriously wounded. At times, communication is hampered by the injury itself, pain medications, or attached medical equipment. The Soldier who was just days before performing his or her duties in a hostile environment is now a patient in a hospital bed awaiting an uncertain fate. Even the unit the Soldier belongs to may change if the Soldier is assigned to the WTB at EAMC. Soldiers strongly identify with their unit and may feel abandoned by their unit or in turn may feel they, even though injured, have abandoned the unit.

The Soldier has received both a physical trauma and a psychological/emotional trauma. As with any serious injury, there lies ahead a road to recovery that is full of challenge and uncertainty that taxes both the body and the spirit. The Soldier may be facing a changed physical appearance, changed physical abilities, damaged mental processes from traumatic brain injury, and the resulting emotional trauma. In addition, the Soldier is undergoing the readjustment from the battlefield to home.

The battlefield in Iraq is not a clearly defined area. Soldiers that are normally considered “non combatants” are being wounded alongside the combatants from IEDs (improvised explosive devices), mortars, and snipers. The “enemy” is not wearing a particular uniform and is not easily identifiable. This makes for an environment of uncertainty. Readjustment and reunion with Family and friends may be complicated by more than just the trauma from the injury. Information is included from the National Center for Post Traumatic Stress Disorder (PTSD) for your benefit. Research into PTSD and related issues is ongoing. Ask your medical care team about PTSD.

## **War-Zone-Related Stress Reactions: What Families Need to Know**

A National Center for PTSD Fact Sheet

Military personnel in war zones frequently have serious reactions to their traumatic war experiences. Sometimes the reactions continue after they return home. Ongoing reactions to war-zone fear, horror, or helplessness are connected to posttraumatic stress and can include:

- Nightmares or difficulty sleeping
- Unwanted distressing memories or thoughts
- Anxiety and panic
- Irritability and anger
- Emotional numbing or loss of interest in activities or people
- Problem alcohol or drug use to cope with stress reactions

### **How Traumatic Stress Reactions Can Affect Families**

- Stress reactions may interfere with a Soldier's ability to trust and be emotionally close to others. As a result, Families may feel emotionally cut off from the service member.
- A returning war veteran may feel irritable and have difficulty communicating, which may make it hard to get along with him or her.
- A returning veteran may experience a loss of interest in Family social activities.
- Veterans with PTSD may lose interest in sex and feel distant from their spouses.
- Traumatized war veterans often feel that something terrible may happen "out of the blue" and can become preoccupied with trying to keep themselves and Family members safe.
- Just as war veterans are often afraid to address what happened to them, Family members are frequently fearful of examining the traumatic events as well. Family members may want to avoid talking about the trauma or related problems. They may avoid talking because they want to spare the survivor further pain or because they are afraid of his or her reaction.
- Family members may feel hurt, alienated, or discouraged because the veteran has not been able to overcome the effects of the trauma. Family members may become angry or feel distant from the veteran.

### **The Important Role of Families in Recovery**

The primary source of support for the returning Soldier is likely to be his or her Family. Families can help the veteran not withdraw from others. Families can provide companionship and a sense of belonging, which can help counter the veteran's feeling of separateness because of his or her

experiences. Families can provide practical and emotional support for coping with life stressors.

If the veteran agrees, it is important for Family members to participate in treatment. It is also important to talk about how the post trauma stress is affecting the Family and what the Family can do about it. Adult Family members should also let their loved ones know that they are willing to listen if the Soldier would like to talk about war experiences. Family members should talk with treatment providers about how they can help in the recovery effort.

### **What Happens in Treatment for PTSD?**

Treatment for PTSD focuses on helping the trauma survivor reduce fear and anxiety, gain control over traumatic stress reactions, make sense of war experiences, and function better at work and in the Family. A standard course of treatment usually includes:

- Assessment and development of an individual treatment plan.
- Education of veterans and their Families about posttraumatic stress and its effects.
- Training in relaxation methods, to help reduce physical arousal/tension.
- Practical instruction in skills for coping with anger, stress, and ongoing problems.
- Detailed discussion of feelings of anger or guilt, which are very common among survivors of war trauma.
- Detailed discussions to help change distressing beliefs about self and others (e.g., self-blame).
- If appropriate, careful, repeated discussions of the trauma (exposure therapy) to help the service member reduce the fear associated with trauma memories.
- Medication to reduce anxiety, depression, or insomnia.
- Group support from other veterans often felt to be the most valuable treatment experience.

Mental health professionals in VA medical centers, community clinics, and Readjustment Counseling Service Vet Centers have a long tradition of working with Family members of veterans with PTSD. Couples counseling and educational classes for Families may be available. Family members can encourage the survivor to seek education and counseling, but should not try to force their loved one to get help. Family members should consider getting help for themselves, whether or not their loved one is getting treatment.

### **Self-Care Suggestions for Families**

- Become educated about PTSD.
- Take time to listen to all Family members and show them that you care.
- Spend time with other people. Coping is easier with support from others, including extended Family, friends, church groups, or other community groups.
- Join or develop a support group.
- Take care of yourself. Family members frequently devote themselves totally to those they care for and, in the process, neglect their own needs. Pay attention to yourself. Watch your diet and exercise, and get plenty of rest. Take time to do things that feel good to you.

- Try to maintain Family routines, such as dinner together, church, or sports outings.
- If needed, get professional help as early as possible, and get back in touch with treatment providers if things worsen after treatment has ended.

For more information about PTSD please visit the VA web site as [www.va.gov](http://www.va.gov)

## **TAKING CARE OF YOU**

### **A Family Member's Trauma**

From the moment you were informed that your Soldier was deploying into a combat zone, your life altered. The normal routine shifted to include the underlying concern felt when a loved one is in harm's way. The day you received notification that your Soldier was wounded, you were wounded as well. Families are connected: what happens to one member affects all the other members of the Family. While attention is focused on supporting your Soldier, time needs to be spent as well acknowledging your own traumatic experience, and the ongoing effects this experience will have on you and your life.

Notification can be a traumatic experience in and of itself. Even when you know that your Soldier is in a combat zone and anything can happen, it is still a shock when you receive a phone call stating that something has. That phone call triggered a series of events that eventually led you to travel from the comfort of your home to the unfamiliar hospital bedside of your Soldier. Travel, even under the best of circumstances, is a stressful event. When combined with reuniting with your seriously wounded Soldier it becomes even more so. All these experiences in such a short amount of time can be overwhelming, and then you begin to factor in the reality of the injuries and condition of your Soldier. Life can suddenly feel out of control.

Whether you are a spouse, parent, child or other relative of the Soldier, your life has been irrevocably changed by the events that brought you here. Change is a challenging thing and often uncomfortable while you adapt to the new reality the change has brought to your life. With change, something of the old way of life is lost, and as with all loss, there is a normal period where grieving occurs. No one can know what your loss is. Each of us is unique, and what may be significant to one person may not be to another. Your grieving process is personal. Take some time to think about what you have lost. Acknowledge your own loss and grieve for it. Understand that the extent of your own loss is not fully apparent now. It will take time to realize how much your life will be changed by this experience. Be patient with yourself while you come to grips with the shift in your life.

Your trauma is real. While you might tell yourself it is nothing compared to what your Soldier is enduring, it will have an effect on you. Being aware of that gives you some measure of control to lessen that effect. You have the right to feel pain and sorrow. Take care of yourself. Focus on what you have the power to do: that is, to change your own actions or reactions. Actively pursue stress management. Utilize the resources available to you. Seek out and utilize support services for yourself and your children. The social worker assigned to your Soldier is there for you as well. Your entire Family has been wounded along with your Soldier, and it deserves the same care and concern as you are giving your Soldier.

### **Support services available for patients and their Family members:**

Military OneSource 1-800-342-9647  
([www.militaryonesource.com](http://www.militaryonesource.com))

Representatives are available to Soldiers and their Families 24 hours a day seven days a week. Military OneSource will work with the local Wounded Warrior Programs for resources.

Army Wounded Warrior Program 1-800-237-1336 ([www.aw2portal.com](http://www.aw2portal.com))  
The Army's premier program takes care of wounded Soldiers and their Families.

## **Coming Home**

### **A Guide for Spouses of Service Members Returning from Mobilization/Deployment**

As a spouse or child of an active, Guard, or Reserve Soldier who is just coming home (or is arriving soon), you are probably both excited and nervous about the homecoming. Even if you have been through a mobilization/deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and Soldier's assignment, you will have a period of natural adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

### **What to Expect When the Soldier Comes Home:**

You have become more confident and independent and your spouse has changed too. Expect things to be different.

It is normal to feel nervous and anxious about the homecoming. You may wonder whether your spouse will: "Like the way I look?" "Like what I've done with the house?" "Be proud of me for how I've handled things?" "Still need me?" "Still love me?"

Plan for homecoming day. After homecoming, make an agreement with your spouse on the schedule for the next few days or weeks. Where do the children, parents, extended Family members, or friends fit in?

Realize the day of homecoming is very stressful. You and your spouse may not have slept much and may be worn out from preparations.

Take time to get used to each other again. Reestablishing sexual intimacy will take patience, time, and good communication—some people need to be courted again.

**COMMUNICATE!!** Tell your spouse how you feel—nervous, scared, happy, that you love and missed them. Listen to your spouse in return. The best way to get through the re-acquaintance jitters, regain closeness, and renegotiate your roles in the Family, is by talking and actively listening.

You've both been used to doing what you wanted during personal time. Feeling like you need some space is normal.

Your fantasies and expectations about how life will be upon return may be just fantasies. Be prepared to be flexible.

You and/or your spouse may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard/Reservists who are transitioning back to civilian life.

Be calm and assertive, not defensive, when discussing decisions you have made, new Family activities and customs, or methods of disciplining the children. Your spouse may need to hear that it wasn't the same doing these things alone, that you're glad he/she's back, and that you'd like to discuss problems and criticisms calmly.

Reassure your spouse that they are needed, even though you've coped during the deployment. Talk about keeping some of the independence you've developed. It's best not to "dump" all the chores—or only the ones you dislike—back on your spouse.

Your spouse may have seen or experienced some things that were very upsetting. Some normal reactions to these stressful situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others and/or counselors trained in crisis stress reactions is very important.

Resist the temptation to go on a spending spree to celebrate the reunion. The extra money saved during deployment may be needed later for unexpected household expenses. Stick to your household budget. Show you care through your time and effort.

### **What to Expect from Your Children:**

Children may be feeling the same confusing things you and your spouse feel—worry, fear, stress, happiness, and excitement. Depending on their age, they may not understand how your spouse could leave them if he/she really loved them.

They may be unsure of what to expect from your spouse. They may feel uncomfortable or think of him/her as a stranger.

It's hard for children to control their excitement. Let them give and get the attention they need from the returning parent before you try to have quiet time alone with your spouse.

Children's reactions to the returning parent will differ according to their ages. Some normal reactions you can expect are:

- o Infants: Cry, fuss, pull away from the returning parent, cling to you or the caregiver.
- o Toddlers: Tend to be shy, clingy, not recognize the returning parent, cry, have temper tantrums, return to behaviors they had outgrown (no longer toilet trained).
- o Preschoolers: Feel guilty for making parent go away, need time to warm-up to returning parent, intense anger, act out to get attention, be demanding.

- o School Age: Excitement, joy, talk constantly to bring the returning parent up to date, boast about the returning parent, guilt about not doing enough or being good enough.
- o Teenagers: Excitement, guilt about not living up to standards, concern about rules and responsibilities, feel too old or unwilling to change plans to meet or spend extended time with the returning parent.

Prepare children for homecoming with activities, photographs, participating in preparations, talking about dad or mom.

Children are excited and tend to act out. Accept and discuss these physical, attitudinal, mental, and emotional changes. Plan time as a couple and as a Family with the children.

Stay involved with your children's school and social activities.

### **Take Time for Yourself:**

Look into ways to manage stress—diet, exercise, recreation—and definitely take care of yourself!

Make time to rest. Negotiate the number of social events you and your Family attend.

Limit your use of alcohol. Remember, alcohol was restricted during your spouse's deployment, and tolerance is lowered. Alcohol consumption may not be permitted at all for Soldiers on medications or other specific doctor's orders.

Go slowly in getting back into the swing of things. Depend on Family, your spouse's unit, and friends for support.

Remember...

Go slowly – don't try to make up for lost time.

Accept that your partner may be different.

Take time to get reacquainted.

Seek help for Family members, if needed.

If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help to handle tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

### **Reunion Resources at EAMC:**



Soldier Family Assistance Center ([www.gordon.army.mil/sfac/](http://www.gordon.army.mil/sfac/))/(706)791-8777  
Army Community Service ([www.gordon.army.mil/acs/](http://www.gordon.army.mil/acs/))/(706)791-3579  
Chaplain (706)726-6876  
Department of Social Work Services (706)787-3656 American Red Cross (706)787-6311) or  
After Hours (877)272-7337  
Behavioral Health Services (706)787-8134  
Social Worker (706)787-3656

More reunion resources can be found on line at:

My Army Life Too - [www.myarmylifetoo.com](http://www.myarmylifetoo.com)

Army Families Online - [www.armyFamiliesonline.org](http://www.armyFamiliesonline.org)

Military OneSource - [www.militaryonesource.com](http://www.militaryonesource.com)

Military Homefront - [www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil)

National Military Family Association - [www.nmfa.org](http://www.nmfa.org)

### **Learning to Use the Internet**

Get computer savvy. You do not need to own a computer to reap the benefits of information available on the internet (aka web, World Wide Web, net). If you never expected to, and don't want to become familiar with the computer, now is the time to conquer your fears and jump into the world of information mining on the "net"—commonly known as "surfing the net".

Most of the resources listed in this handbook come with a web address and include a phone number, but not all. It is great to talk to a person, but it isn't always convenient to call for information, depending on time differences and other activities in your life that take away from the time you can dedicate to talking on the phone. If you don't own a computer, you can find internet access at most libraries. If you wish to print something out, you may need to take paper, so check with the library before you go.

### **Computer Access:**

**Post Library:** most libraries have best sellers, books-on-tape, VHS movies, and magazines. Internet access is also available for use. If you are printing out documents more than ten pages long, you may need to bring your own paper. The Fort Gordon library is open Saturday thru Thursday.

### **Local Hotels**

Most hotels have computers and internet access in the lobby area. Check with the front desk.

### **How to find a Web site when you know the Web address**

This article is provided to service members and their Families as part of the Military OneSource program, which offers information and support on a wide range of Family and personal issues. To access a program, just go to [www.Militaryonesource.com](http://www.Militaryonesource.com) or call Military OneSource . From the United States call 800-774-1361. From overseas call toll free 800-4648-1077 or collect 484-530-5889.

© Ceridian Corporation. All rights reserved. Used by permission.

You may want to look up a "web address" (also called a "URL") that someone has given you or that you have read about. For example, someone may suggest that you look at a web site called <http://www.fisherhouse.org>. (This is the "address" for the web site of a program that provides housing near military medical centers for Family members of injured service members.)

Here is how to find a web site by using the Web address:

1. "Click" on the picture or "icon" that lets you enter the internet. It will probably be named "Internet Explorer", but could also be "Firefox" or "Opera".
2. Now you should see a narrow empty box with the word "address" next to it. This is the "search box." In the search box, type the web address that you have. It is important to type it exactly.
3. Click on the word "go" or on the arrow next to the address box.
4. The web site's "home page" should appear on the screen. Click on different pieces of information on the home page to get even more information.

You may not have a certain "web address" to help you look up information on the web. That's OK. You can do an Internet "search" that will find web sites with information about a subject you want to know about.

For example, you may want to find out about organizations that have information about living with a spinal cord injury. Here is a way to do a basic search:

1. Go on the computer and "click" on the picture or "icon" that lets you enter the internet. . It will probably be named "Internet Explorer", but could also be "Firefox" or "Opera".
2. Choose a "search engine." A search engine is a software program that searches the web to find sites that contain the "search term" that you type into the search box. Some of the best-known search engines are Google, Yahoo, and Ask.com.

Google: <http://www.google.com>

Yahoo: <http://www.yahoo.com>

Ask.com: <http://www.ask.com>

3. Type a "search term" into the search box. For this search, a good search term might simply be "spinal cord injury."

4. Click on the word "search," which is next to or under the search box. A list of web sites will appear on the screen.

5. Click on a web site that looks useful -- for example, the search term "spinal cord injury" produces a list that includes "National Spinal Cord Injury Association" and "Spinal Cord Injury Resource Center."

6. Read the web site by clicking on information that looks useful. If a site contains a box that says "resources" be sure to click on it. If a site contains a box that says "links" be sure to click on it, too. "Links" are connections to other web sites that can be useful.

If a search is producing too many web sites that aren't really related to what you're looking for, "narrow" your search. For example, if you typed in the search term "child care," you would get thousands of web sites from all over the world. If you "narrow" the search by adding more specific terms -- for example, "child care San Diego" you will get better results.

- You don't have to use proper capitalization in your search term.
- You don't have to use common words such as "and" and "the."
- If your search isn't turning up information that is helpful, go to the search engine's "advanced search" page, which will show you how to narrow your search.
- When you find helpful sites, "bookmark" them so you can find them again easily.
- Know if a web site is a commercial site or a noncommercial site. The owners of a commercial Web site may be trying to sell services or items to people who visit the site.
- You can tell something about a site by the last letters in the web address:
  - .com usually means the site is commercial
  - .org means a nonprofit organization
  - .edu means an educational institution
  - .mil means a military site
  - .gov means a government site

© 2006 Ceridian Corporation. All rights reserved.

More information may be found at [www.militaryonesource.com](http://www.militaryonesource.com)

Caring Bridge information is taken from the Fisher House Foundation web site at:

<http://www.fisherhouse.org>

## **CARING BRIDGE**

A free service for military Families that helps them keeps Family and friends up to date. Costs associated with this service are sponsored by Fisher House™ Foundation.

### **What is Caring Bridge?**

It can be difficult to keep friends and Family updated on your loved one's condition in the hospital. Caring Bridge is a service that helps you with this responsibility. It gives you the ability to create a web site in which you can quickly alert Family and friends of the latest information regarding your loved one's well-being. This page will provide you with basic instructions to build a web page on the Internet. Included are simple step-by-step instruction for building and maintaining your free Caring Bridge web page. You are under no obligation once you build a web page. You can delete it immediately if you wish. This is an optional free service for you sponsored by Fisher House™ Foundation. Bridge the gap between you and friends and Family. It's simple to set up, and it's easy to update. Caring Bridge provides you:

- A customized web page
- An online journal to inform others of changing conditions
- An online guestbook for others to sign
- An online photo album
- Plus more...

### **Frequently Asked Questions for Caring Bridge**

#### **1. What if I have problems or need help?**

Caring Bridge is administered by the Caring Bridge nonprofit organization. To submit a question or problem, go to [www.caringbridge.org](http://www.caringbridge.org) and click on "Feedback/Questions" at the top of the page. You can also see additional help by clicking on "Help" at the top of that page.

#### **2. How do other people see my web page?**

You must provide them with your web page address. Viewers use the address (sometimes called location or URL) on the Internet to view your web page. Your web page is NOT available to search tools on the Internet.

#### **3. Should I be concerned that strangers will be able to see our information?**

Anyone who wants to see your web page needs to have the correct web page address and viewing user name and password (if used). However, the Internet is a public forum and access to your web page is deterred, but not totally secure.

#### **4. How do I get a photo on the web page?**

You must have a digital copy of a photograph to use this feature. To get a digital photo you must either scan an existing photo or use a digital camera. Scanning services are available from many copy centers. Some film development services also have a digital format option. Be sure to specify that you want JPEG format.

## **SECTION 4**

### **OUTPATIENT**

- a. Why T&TOs change
- b. Non-medical Attendant Orders
- c. Operation Warfighter
- d. Warrior Outreach Wellness Program
- e. When You Become Your Spouse's Caregiver
- f. When You Become Your Adult Child's Caregiver
- g. Traumatic Soldier group Insurance (TSGLI)

## **Why T&TO's Change**

When a Soldier reaches the point of no longer requiring inpatient hospital care but still requires treatment at EAMC, the Soldier may be moved to the post lodging or barracks and becomes an outpatient. At that point in time, a number of things happen. Most significantly to the Family, the T&TOs that the Family has been using will be terminated. Without orders, there can be no financial reimbursement from the government. Unless a physician determines that the Soldier needs assistance with daily needs, the Family will be encouraged to return home awaiting the return of their Soldier. The T&TOs that the Family had **MUST BE CLOSED OUT AND THE TRAVEL VOUCHER SUBMITTED TO THE WT FINANCE BEFORE LEAVING EAMC.**

## **Non Medical Attendant Orders**

If a physician determines that the Soldier needs a non-medical attendant (NMA), the Soldier is allowed to designate one person to stay and help with daily needs. The request must be approved by the Deputy Commander of Clinical Services (DCCS) and orders will be issued by the military treatment facility (MTF). Non medical attendant orders (NMAs) cover per diem only. The Family member shares a room with the Soldier and thus would not require lodging.

If NMAs are requested and approved, the NMA order is then issued by the calendar month. This means that if your Soldier becomes an outpatient on November 15th; the first set of NMA orders would expire on November 30th. Start working on the extension immediately with a new memorandum from your Soldier's doctor. Submit the memorandum to the Casualty Affairs Office. NMAs are then issued for thirty day cycles until the doctor determines that assistance with daily living is no longer necessary. Each 30 day extension requires a new memorandum from the doctor, so pay close attention to the dates.

Just like T&TOs, you must file a travel voucher for NMAs to be reimbursed for per diem. The travel voucher should be filed the next business day after the NMA expires. In the above example, the first voucher would be filed December 1st. The next set of NMA orders would be issued for December 1st through December 31st and the voucher submitted on the next business day after the 31st. The Finance Office is the place to file the voucher; they will help you with the paper work. You will need a copy of the NMA orders and all extensions to file your voucher.

If you need to take a break and hand over the responsibilities of being the non-medical attendant to another person designated by your Soldier, you can do that. As long as there is a memorandum requiring an attendant, the duties can be shifted. This means that new orders would have to be issued to the new designee, and your orders would need to be closed out and a travel voucher filed.

There is support available at all times for the Soldier as well as the Family. Reach out to available professionals at the SFAC, the Chaplain and Social Work Services. Your emotional well being is important, as is the emotional well being of your Soldier. Most people do not have experience dealing with this level of trauma or a long recuperative process. The support community at MTF can provide insight and assistance in regaining or maintaining a positive mental outlook during this difficult time.

## **When You Become Your Spouse's Caregiver**

[This article is provided to service members and their Families as part of the Army OneSource program, which offers information and support on a wide range of Family and personal issues. To access the program, just go to [www.Militaryonesource.com](http://www.Militaryonesource.com) today. From the United States, call 800-342-9647. From overseas, call toll free 800-4648-1077 or collect 484-530-5889.

© Ceridian Corporation. All rights reserved. Used by permission.]

When the reality of your spouse's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- a chapter that you hadn't expected. Becoming your spouse's caregiver will affect you both emotionally and physically. You may feel overwhelmed by all that is involved with caring for your spouse, and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life and the relationship that you and your spouse had. At this point, it's important for you and your spouse to accept that things have changed, and to surround yourselves with resources and support.

### **How you may be feeling**

It's common to experience many different emotions when a loved one requires long-term care at home.

- **Grief.** It's natural to mourn the loss of your spouse's good health, as well as your own expectations of what the future might have been like.
- **Anxiety.** You may be anxious that you won't be up to the task of caring for your spouse; that you and your spouse will lose your close, emotional bond; that you will not be able to keep up with your medical and household expenses.
- **Fear.** You may be afraid that this will not be a temporary situation and that you won't be able to cope or manage if this becomes a more permanent situation.
- **Anger.** You didn't choose to be your spouse's caregiver. It's not a position you asked for. It's normal to feel bitter about being handed a role you didn't expect or prepare for.
- **Isolation.** There may be times when you feel very much alone, and as though no one else could possibly understand what you're going through.
- **Guilt.** It's common to feel glad that you're OK but upset that your spouse isn't. It's also common to feel burdened by the role of caregiver even though you love your spouse and are compassionate.

### **When to seek help**

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, talk to a health care professional about getting help.

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being "slowed down"
- restlessness, irritability
- roughly treating or neglecting your spouse
- difficulty concentrating, remembering, or making decisions
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek help immediately if you or your spouse has thoughts of death or suicide.

Learning about your spouse's condition and available resources Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available to their spouses and how to access that help tend to feel more in control of a difficult situation.

Becoming knowledgeable about your spouse's condition and the resources that are available isn't just good for your spouse -- it's also good for you.

- Educate yourself about your spouse's condition. Become a knowledgeable member of your spouse's health care team by learning everything you can about your spouse's condition. This will enable you to ask health care providers the right questions, allow you to anticipate your spouse's needs, and help you to react appropriately when issues arise. It will also help you gain confidence and a sense of control.
- Learn to communicate with members of the health care profession.
- Be sure to write down questions on a running list that you keep nearby, and refer to the list when you speak with your spouse's health care provider.
- If you have many things to talk about with the health care provider, schedule a consultation and be sure to take notes during the meeting.
- Think about having someone else -- a friend or Family member -- go with you to meetings with your spouse's health care providers. It can be difficult to understand and absorb everything you're



being told. (You may still be in a little bit of shock at this time.)

- Learn the routines of your spouse's medical facilities. This will help you access the facilities more easily. Ask about office hours; the best time to reach your spouse's health care provider; what to do in the event of a medical emergency; and whom to contact after office hours.
- Keep good records. Have a central place, such as a notebook, where you can keep telephone numbers and e-mails of doctors and other care providers, information about special diets, and other pertinent information (for example, banking and insurance information, a living will, health care proxy). Bring copies of your spouse's health insurance card and the names and doses of your spouse's medications with you to health care appointments.
- Learn about assistive devices. Seek out information about devices and tools that will help make life easier for you and your spouse. There are many illness-specific resources available through the Internet and from various associations such as the Paralyzed Veterans of America at <http://www.pva.org>, and the Amputee Coalition of America at <http://www.amputee-coalition.org>. For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at <http://www.tricare.osd.mil/cap> or by phone at 703-681-8813 (voice) or 703-681-0881 (TTY). Your Military Severely Injured Center (MSI) care manager (call 888-774-1361, 24 hours a day, 7 days a week), can help you find devices appropriate to your spouse's condition.
- Take advantage of supportive and skilled-care assistance. Different levels of assistance may be available to you and your spouse. For example, home health aides, home care aides, and nursing assistants can assist with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere. Your MSI Center care manager can help you understand what benefits and services your spouse is eligible for.

### **Taking care of yourself**

Caring for a loved one is exhausting work. Your own health and well-being may be the last thing on your mind, but if you're feeling drained, you may become impatient, run down, or at risk of making poor decisions. Taking care of yourself is the best thing you can do for yourself and your spouse.

- Know your strengths and weaknesses. You may enjoy preparing your loved one's meals, but dread helping him shave. If that's the case, take the stress off of yourself by asking someone more skilled with the razor to take over that chore for you if possible. There are also professionals who will make home visits to attend to your spouse's needs, such as beauticians, podiatrists, and therapists.

- Take breaks. Caregiving is all-consuming and demanding work. Give yourself down time to restore your energy and refresh your attitude. Even a long walk or a night out at the movies will take the edge off. But also look for longer getaways, such as a day or weekend away if possible. Ask trusted Family members to take over care, or look into respite care (provided for a weekend, a week or even more). Your MSI Center care manager should be able to help you locate resources for respite care.
- Take care of your own health needs. Make appointments (and keep them) for check-ups or when you're feeling sick. Sometimes it can be hard to take care of yourself when you're so focused on someone else's needs. If you become sick yourself, your situation can only become more complicated.
- Learn to lift properly. If lifting is part of your caregiving routine, have someone show you how to do it without damaging your back.
- Create a team of professionals to help you. To the extent that you can, assemble a team of professionals (health care professionals, financial and legal planners, clergy, Family, friends, and co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of care giving, which in turn can help reduce your own stress.
- Accept help. Neighbors, friends, co-workers, or people from your faith community may have asked how they can help you with your spouse's care. Accept their offers and give them specific tasks, such as cooking meals, picking up groceries, doing laundry, or even spending an afternoon with your spouse while you take a break.
- Hold a Family meeting. Call together children and other Family members, even if they live far away, to discuss your spouse's needs. Determine how each Family member can contribute, either through direct care or by taking on specific household chores and responsibilities. This way no one person is shouldering the entire load alone. If someone lives far away, they can be given the task of making phone calls and following up so they can feel included in the process. They can also make tapes and send pictures if they can't visit.
- Set realistic expectations for your spouse and yourself. No one is able to do anything "perfectly" at all times, which is also true for care giving and recovery. When you realistically adjust to your "new normal" and lower your own and other's expectations, your stress level can be greatly reduced.
- Subscribe to care giving newsletters and magazines. Two helpful magazines and Web sites are Caring Today (<http://www.caringtodaymagazine.com>) and Today's Caregiver (<http://www.caregiver.com>).
- Connect with other caregivers. Whether it's a formal support group or an informal network of other caregivers, having people to turn to will ease feelings of isolation and help you get through this challenging time. People in similar situations can truly understand what you're going through as well as what might be ahead. Talking with them will help you vent your frustrations, learn care giving tips, and gain insider's information about resources and services. Ask your MSIC care manager to put you in touch with other spouses of severely injured service members. You

can also ask your health care provider or visit online resources such as: the National Family Caregivers Association at <http://www.nfcacares.org> and the Family Caregivers Alliance at <http://www.caregiving.org>.

- Get professional assistance. It is very important that you're able to get objective help for your ongoing stress, frustrations and sadness. There are even therapists who specialize in dealing with being a spouse's caregiver. You can get a referral through your care manager.
- Find out about alternatives to home care. Caring for your spouse may prove too difficult for you, even with assistance. You may want to ask your MSIC care manager for information about Department of Veterans Affairs hospitals, nursing homes, assisted living facilities, and other alternatives to home care.

Written with the help of Marjorie Dyan Hirsch, L.C.S.W., C.E.A.P. Ms. Hirsch is certified employee assistance professional and a board certified expert in traumatic stress. She is a corporate consultant and CEO of The Full Spectrum in New York City. © 2005 Ceridian Corporation. All rights reserved.

## **Becoming a Caregiver for Your Adult Son or Daughter**

[This article is provided to service members and their Families as part of the Military OneSource program, which offers information and support on a wide range of Family and personal issues. To access the program just go to [www.armyonesource.com](http://www.armyonesource.com) or call Army OneSource today. From the United States, call 800-342-9647. From overseas, call toll free 800-4648-1077 or collect 484-530-5889.

© Ceridian Corporation. All rights reserved. Used by permission.]

When the reality of your son's or daughter's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- one you hadn't expected. Becoming your adult child's caregiver will affect you emotionally and physically. You may feel overwhelmed by all that is involved and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life, and the life you had envisioned for your son or daughter. At this point it's important to accept that things have changed and to surround yourself with resources and support.

### How you may be feeling

It's common to experience many different emotions when a loved one requires long-term care at home, including:

- **Grief.** It's natural to mourn the loss of your child's good health, as well as your own expectations of what you had hoped your child's future would be like.
- **Anxiety.** You may be anxious that you won't be up to the task of caring for your son or daughter. You may also worry that you won't be able to keep up with medical and household expenses.
- **Fear.** You may be afraid that this won't be a temporary situation, and that you won't be able to cope or manage if it becomes a more permanent arrangement. If you are involved in a long-term situation, you may be anxious about your ability to care for your son or daughter as you age.
- **Anger.** You didn't choose to be your adult child's caregiver. It's not a position you asked for. It's normal to feel angry about being expected to handle this role.
- **Isolation.** There may be times when you feel very much alone -- that nobody else could possibly understand what you are going through. As a result, you may not share with others what your concerns are or what you're actually thinking and feeling.
- **Guilt.** It's common to feel burdened by this new role even though you love your child very much and want to help with the challenges ahead. And it's normal to feel guilty about feeling burdened.

## **When to seek help**

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, it's important to speak with a mental-health professional about getting help. Your Military Severely Injured Center (MSI Center) care manager can put you in touch with someone you can talk to. (Call 888-774-1361, 24 hours a day, 7 days a week.)

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, interrupted sleep, or oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being "slowed down"
- restlessness, irritability
- roughly treating or neglecting your son or daughter
- difficulty concentrating, remembering, making decisions
- persistent physical symptoms that don't respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek professional help immediately if you or your loved one talks about or has thoughts of death or suicide.

## **Learning about your loved one's condition and available resources**

Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available for their loved ones and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your son's or daughter's condition and the resources that are available aren't good just for your son or daughter -- it's also good for you.

- Educate yourself about your son's or daughter's condition. Become a knowledgeable member of your loved one's health care team by learning everything you can about your child's condition. This will allow you to ask health care providers the right questions, to anticipate your son's or daughter's needs, and to react appropriately when issues arise. It will also help you become more confident about being your child's advocate.
- Learn to communicate with members of the health care profession.

- Be sure to write down questions on a running list that you keep nearby, and refer to the list when you speak with your son's or daughter's health care provider.
- Think about having someone else -- a friend or Family member -- go with you to meetings with health care providers. It can be difficult to understand and absorb everything you're being told. (You may still be in a degree of shock at this time.)
- Learn the routines of your son's or daughters medical facilities. Ask about office hours, the best time to reach the health care provider, what to do if there is a medical emergency, and whom to contact after office hours.
- Keep good records. Have a central place, such as a notebook, where you can keep telephone numbers and e-mail addresses of doctors and other care providers; information about special diets; other pertinent information (for example, banking and insurance information; a living will, health care proxy). Be sure to write down the names and doses of your son's or daughter's medications to bring with you to health care appointments.
- Learn about assistive devices. Seek out information about devices and tools that can help make life easier for you and your son or daughter. Many resources are available through the Internet and from associations such as the Paralyzed Veterans of America (<http://www.pva.org>), United Spinal Association (<http://www.unitedspinal.org>), and the Amputee Coalition of America (<http://www.amputee-coalition.org>). For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at <http://www.tricare.osd.mil/cap> or by phone at 703-681-8813 (voice) or 703-681-0881 (TTY). Your MSI Center care manager (call 888-774-1361, 24 hours a day, 7 days a week), can help you find devices appropriate to your son's or daughter's condition.
- Take advantage of supportive and skilled-care assistance. Different levels of assistance that may be available to you and your loved one. For example, home health aides, home care aides, and nursing assistants can help with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere. Your MSI Center care manager can help you understand the benefits for which your son or daughter may be eligible.

This article was written with the help of Marjorie Dyan Hirsch, L.C.S.W., C.E.A.P. Ms. Hirsch is a certified employee assistance professional, a board-certified expert in traumatic stress, and CEO of The Full Spectrum in New York City. © 2006 Ceridian Corporation. All rights reserved.

## **Taking care of yourself**

Caring for a loved one is exhausting work. Your own health and well-being may be the last thing on your mind, but if you're feeling drained, you may become impatient, irritable, run down, or at risk of making poor decisions. Taking care of yourself is the best thing you can do for yourself and your son or daughter.

- **Know your strengths and weaknesses.** You may enjoy preparing your son's meals, but dread helping him shave. If that's the case, take the stress off of yourself by asking someone more skilled with the razor to take over that task for you if possible. There are also professionals who will make home visits to attend to your son's or daughter's needs, such as beauticians, podiatrists, and physical therapists.
- **Take breaks.** Care giving is all-consuming and demanding work. It's important to give yourself down time to restore your energy and refresh your attitude. Even a long walk or a night out at the movies can take the edge off. But also look for longer getaways, such as a day or weekend away if possible. Ask trusted Family members to sometimes take over care, or look into respite care (provided for a weekend, a week, or even longer). Your MSI Center care manager should be able to help you locate resources for respite care.
- **Take care of your own health needs.** Make appointments (and keep them) for check-ups or when you're feeling sick. Sometimes it can be hard to take care of yourself when you're so focused on someone else's needs, but if you become sick yourself; your situation can only become more complicated.
- **Learn to lift properly.** If lifting is part of your care giving routine, have someone show you how to do it without damaging your back. Your MSI Center care manager can help you find the right resource.
- **Create a team of professionals to help you.** To the extent that you can, assemble a team of professionals (health care professionals, financial and legal planners, clergy, Family, friends, and co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of care giving, which in turn can help to reduce your own stress.
- **Accept help.** Neighbors, friends, co-workers, or people from your faith community may have asked how they can help you with your child's care. Accept their offers and give them specific tasks, such as cooking meals, picking up groceries, doing laundry, or even spending an afternoon with your son or daughter while you take a break.
- **Hold a Family meeting.** Call together other children and Family members, even if they live far away, to discuss your injured son's or daughter's needs. Determine how each Family member can

contribute, either through direct care or by taking on specific household chores and responsibilities. This way no one person is shouldering the entire load alone. Someone who lives far away can be given the task of making phone calls and following up. People who live far away can also make tapes and send pictures if they can't visit.

- Understand the tendency towards isolation. Your son or daughter may want to stay away from people. He or she may feel uncomfortable and embarrassed about the injuries, and not want to answer questions about them. You may even feel that way, too. Wanting to isolate yourself is a normal reaction to a traumatic event.

- Ask people to visit. Having company can lift your spirits and your loved one's, too. Invite your son's or daughter's friends for a visit. Ask your own friends to come over for a cup of tea, a game of cards, or to watch the ballgame on television. This can be very helpful, especially if you or your child have a tendency to isolate.

- Discuss what your son or daughter wants you to tell people about their injury and experiences, and what they don't want you to discuss. It's a good idea to talk to your child in advance about what information they do and don't want to share with others. Knowing what they want revealed and what they want to remain private will help everyone address the inevitable questions. Dealing with this ahead of time can help everyone feel better equipped to handle potentially stressful situations.

- Set realistic expectations for your son or daughter and yourself. No one is able to do anything "perfectly" at all times. This is true for caretaking and recovery, too. When you adjust realistically to your "new normal" and lower your own and other's expectations, your stress level can be greatly reduced.

- Subscribe to care giving newsletters and magazines. Two helpful Web sites and magazines are Caring Today (<http://www.caringtodaymagazine.com>) and Today's Caregiver (<http://www.caregiver.com>). While these publications primarily address issues related to caring for older people, their information can be applied easily to any form of caretaking.

- Connect with other caregivers. Whether it's a formal support group or an informal network of other caregivers, having people to turn to can ease feelings of isolation and stress. People in similar situations can truly understand what you're going through as well as what might be ahead. Talking with them will help you vent your frustrations, learn care giving tips, and gain insider's information about available resources and services. Ask your MSI Center care manager to put you in touch with other parents of severely injured service members. You can also visit online resources such as the National Family Caregivers Association at <http://www.nfcacares.org> and the Family Caregivers Alliance at <http://www.caregiving.org>.

- Find out about alternatives to home care. Caring for your son or daughter may prove too difficult for you, even with assistance. You may want to ask your care manager for information about Veterans Affairs hospitals, nursing homes, assisted living facilities, and other alternatives to home care.



- Get professional help. It's important to get objective help for your ongoing stress, frustrations, and sadness. There are counselors and therapists -- even those who specialize in dealing with being a Family member's caregiver -- who can help. Ask your MSI Center care manager about services available to you.

## **Traumatic Injury Protection Insurance (TSGLI)**

To see if your Soldier qualifies for this payment, contact the Army TSGLI Points of Contact using the contact information below. The local TSGLI representative at the SFAC can assist you with this process.

National Army TSGLI information

Phone: (800) 237-1336 Email: [tsgli@hoffman.army.mil](mailto:tsgli@hoffman.army.mil) Web site:

<https://www.hrc.army.mil/site/crsc/tsgli/index.htm>

Submit Claims via fax :( 866) 275-0684 Submit Claims via email: [tsgli@hoffman.army.mil](mailto:tsgli@hoffman.army.mil)

Submit Claims via postal mail: U.S. Army Physical Disability Agency Attn: TSGLI 200 Stovall Street, Suite 8N63 Alexandria, VA 22332-0470

### **What is TSGLI?**

Traumatic Service members' Group Life Insurance (TSGLI) is a traumatic injury protection rider under Service members' Group Life Insurance (SGLI) that provides for payment to members of the uniformed services who sustain a traumatic injury that results in a qualifying loss.

### **Who is eligible for payment under TSGLI?**

Those eligible for payment under TSGLI are:

1) Soldiers who suffer a qualifying loss due to a traumatic injury incurred on or after 7 October 2001 through and including 30 November 2005, in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom. For the purposes of TSGLI only, "incurred in Operation Enduring Freedom or Operation Iraqi Freedom" means that the member must have been deployed outside the United States on orders in support of OEF or OIF, or serving in a geographic location that qualified the service member for the Combat Zone Tax Exclusion under the Internal Revenue Service Code. Coverage under SGLI is not required.

2) Soldiers who are covered under SGLI and suffer a qualifying loss due to a traumatic injury on or after 1 December 2005.

### **What Injuries Are Covered?**

TSGLI covers a range of traumatic injuries, including, but not limited to:

- Total and permanent loss of sight in one or both eyes;
- Loss of hand or foot by severance at or above the wrist or ankle;
- Total and permanent loss of hearing in one or both ears;
- Loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joints;
- Quadriplegia, paraplegia, or hemiplegia;
- 3rd degree or worse burns covering 30 percent of the body or 30 percent of the face.
- Coma or the inability to carry out two of the six activities of daily living.

For the complete schedule of losses, go to

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>.

### **What Are The Eligibility Requirements For Payment Under TSGLI?**

To be eligible for payment of TSGLI, you must meet all of the following requirements:

- You must be insured by SGLI.
- You must incur a scheduled loss and that loss must be a direct result of a traumatic injury.
- You must have suffered the traumatic injury prior to midnight of the day that you separate from the uniformed services.
- You must suffer a scheduled loss within 730 days of the traumatic injury.
- You must survive for a period of not less than seven full days from the date of the traumatic injury. (The 7-day period begins on the date and time of the traumatic injury, as measured by Zulu [Greenwich Meridian] time and ends 168 full hours later).

### **How the amount of money awarded is determined?**

TSGLI coverage pays a benefit of between \$25,000 and \$100,000 depending on the qualifying loss incurred. The amount paid for each qualifying loss is listed on a schedule available at the following web site: <http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>.

### **What are some examples of losses that would award the maximum payment of \$100,000?**

- Loss of both hands at or above the wrist
- Loss of both feet at or above the ankle
- Total and permanent loss of sight in both eyes

### **What are some examples of awards of lesser amounts?**

- Loss of one hand at or above the wrist
- Permanent loss of speech
- Loss of thumb and index finger on the same hand
- Loss of one foot at or above ankle
- Total and permanent loss of sight in one eye

### **Will the money always be paid to the Soldier?**

Yes, unless the Soldier is incapacitated or deceased. If the member is incapacitated, the Soldier's guardian or attorney-in-fact will receive payment. If the member is deceased, payment will be made to the member's SGLI beneficiary.

## **How Does A Member Make A Claim For TSGLI?**

In order to make a claim for the TSGLI benefit, the member (or someone acting on his or her behalf) should:

1. Download the TSGLI Certification Form GL.2005.261 at <http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>. You can also obtain this form from the your service department point of contact or from the Office of Service members' Group Life Insurance by toll-free phone at 1-800-419-1473 or by email at [osgli.claims@prudential.com](mailto:osgli.claims@prudential.com).
2. Contact your service department point of contact to begin the certification process.

The certification form has three parts:

- Part A is to be completed by the service member or, if incapacitated, by the member's guardian, or the member's attorney-in-fact.
- Part B is to be completed by the attending medical professional.
- Part C is to be completed by the Branch of Service prior to submission of the claim form to OSGLI.

The TSGLI is a one time payment. As with any lump sum payment, take time to consider how best to utilize the money. There are many considerations to keep in mind such as housing, saving for the future, etc. The payment is intended for the Soldier. While it may be tempting to spend the money and indulge in a shopping spree or luxury item, the road ahead is long and the money could be better spent at a later time. Army Community Service offers financial planning and investment information.

## **SECTION 5**

### **MEDICAL EVALUATION PROCESS**

- a. MEB/PEB Overview
- b. MEB/PEB Process Question and Answer Format
- c. MEB/PEB Process Technical Explanation

## **Overview of the Medical Evaluation Board/Physical Evaluation Board**

The processes described below are a military function and involve only the Soldier. These boards are designed to protect the Soldier and have the best interest of the Soldier as the focus. The boards also address the need of the Army to have Soldiers capable of performing their given duties. The processes of these boards are complicated, take time, and can be appealed. The decisions of these boards will affect both the Soldier and the Family and are included here for your benefit.

It is a good idea for you as a Family member to gain an overall understanding of what these boards do and what the possible outcomes of these boards are. There are two overviews provided here. One is a technical review and the other is a lay review of the process. They are included here for your benefit and do not reflect legal advice. There are legal resources at EAMC. There may be others who offer advice on how to navigate through the board process, but when in doubt, it is best to consult and depend on a professional.

While going through the board process, it is important to keep the Soldier on track with the various appointments necessary to provide the most complete and up to date picture of the health status. The case manager will assist with this as will the PEBLO (Physical Evaluation Board Liaison Officer). There are various points throughout this process that allow the Soldier to appeal. The Soldier **SHOULD NOT** sign anything without a complete understanding of what it is that they are signing and what the ramifications are. If the Soldier does not understand, seek further clarification from the PEBLO or legal resources.

The first review presented will be an easy to understand question and answer review of the MEB/PEB process followed by an extensive technical explanation of the process.

These reviews do not cover the Veteran's Administration (VA) benefits. That is a separate process and can result in a different disability rating as the Army rates only the disability that affects your Soldier's ability to do their specific job. The VA rates the Soldier on their total ability to live life at its fullest using a whole person concept. There are specific time limits for applying for VA benefits, it is not automatic. Please see the section on Seamless Transition Assistance Program.

The following questions and answers were developed by CSM Rob McAvoy.

Q: What does MEB/PEB stand for?

A: MEB means Medical Evaluation Board; PEB means Physical Evaluation Board.

Q: When does the board process start?

A: The process starts when it is decided that your Soldier has attained "Optimum Medical Benefit."

Q: What does Optimum Medical Benefit mean?

A: It is the point where your Soldier's fitness for further military service can be decided.

A2: Further treatment in a military medical facility will probably NOT result in material change in your Soldier's condition OR alter their disposition or amount of separation benefits.

Q: What are the steps?

A: When "Optimum Medical Benefit" has been reached and it appears that your Soldier is NOT medically qualified to perform their duty, your Soldier is referred to the MEB (Medical Evaluation Board). At this point your Soldier will be assigned a PEBLO (Physical Evaluation Board Liaison Officer). The PEBLO may be a civilian, an officer (CPT, etc), or a Non-Commissioned Officer (SGT, etc). The PEBLO's job is to guide and assist you through the board process and answer any and all questions you may have; they are your advocate.

### **STEP 1: MEB (Medical Evaluation Board)**

The MEB documents your Soldier's medical status and duty limitations against the medical standards for Army retention in Army Regulation AR 40-501, Chapter 3. If the MEB determines that your Soldier DOES NOT meet those retention standards, it will recommend referral to a PEB (Physical Evaluation Board). You will be advised by your PEBLO of the results of the MEB.

### **STEP 2: PEB (Physical Evaluation Board)**

The PEB's job is to:

1. Evaluate your Soldier's degree of disability.
2. Evaluate your Soldier's physical condition against requirements of their job, rank and duty position.
3. Provide a full and fair hearing for your Soldier's concerns.
4. Make findings and recommendations to establish your Soldier's eligibility to be separated OR retired based on their disability.

The following determinations are made by the PEB:

1. Eligibility for benefits.
2. The permanency of the disability. This means, will the disability get better or worse, or, is it stable and will it remain the same?
3. The percentage of disability is determined. This is based on how the disability affects your Soldier's ability to do their specific job.

### **STEP 3: PEB "The Informal Board"**

The Informal Board is the first consideration of your Soldier's case. The findings and recommendations are recorded on DA Form 199. Your Soldier then reviews the document and goes to Block 13, which lists the following choices:

- a) Concurrence with the finding and recommendations the WAIVER of a Formal Board.
- b) Non-concurrence with the findings and recommendations; submittal of a rebuttal explaining the Soldier's reason for non-concurrence, and WAIVER of a formal hearing.
- c) Demand for a formal hearing with or without a personal appearance.

d) Choice of counsel if a hearing is demanded.

**\*\* If your Soldier concurs with the findings, the PEB proceedings will be forwarded to the appropriate places for review and orders to separate or retire your Soldier.**

**\*\* If your Soldier does not concur with the findings, the Soldier must now submit reasons and documents supporting the claim and/or prepare for a formal board.**

#### **STEP 4: PEB "Formal Board"**

Your Soldier must decide whether to appear before the "Formal Board" or not. They may choose someone to represent them such as a DAV (Disabled American Veteran) representative if they choose not to appear in person.

**\*\* TIP: If your Soldier requests a formal board they should appear in person.**

Appearing in person is like a promotion board. Your Soldier must present a good appearance as a Soldier. They can bring further documentation, new documentation, witnesses on their behalf, and legal counsel. If bringing legal counsel it is a good idea to get in touch with the legal counsel as soon as the Soldier makes the decision to demand a formal hearing. The Formal Board concludes the opening hearing and then deliberates in private.

Once the PEB "Formal Board" concludes its deliberations, it will provide the Soldier with a new DA Form 199. Your Soldier then completes a DA Form 199-1 (Election to Formal Physical Evaluation Board Proceedings). Your Soldier has three choices to make:

- a) I concur
- b) I do not concur
- c) I do not concur with an attached statement

**\*\* If your Soldier concurs with the PEB Formal Board, they will then forward for review and orders for separation or retirement are published.**

**\*\* If your Soldier did not concur, the PEB Formal Board is sent to the Physical Disability Agency (PDA) for review and consideration.**

The results are reviewed for accuracy, completeness, fairness, and consideration of any and all



rebuttals.

Q: What are some additional terms we may hear during our Soldier's board proceedings?

A:

1) TDRL- Temporary Disability Retirement List

Must be rated at 30% or greater by the US Army. Can be re-evaluated at least every 18 months up to a maximum of 5 years.

**\*\*TIP:** Always ensure the Army has a valid address and contact number while the Soldier is on the TDRL.

2) PDRL- Permanent Disability Retirement List

3) COAD- Continuance on Active Duty

4) COAR- Continuance Active Reserve

Q: When will my Soldier's PEBLO be assigned?

A: As soon as your Soldier is referred to the MEB.

Q: Who makes the election for COAD or COAR?

A: Your Soldier does! They MUST request to stay on Active Duty or Active Reserve; if that is what they desire to do.

Additional web resources:

USAPDA (United States Army Physical Disability Agency  
<https://www.hrc.army.mil/site/Active/tagd/pda/pdapage.htm>

Army Wounded Warrior Program (AW2)  
<https://www.aw2.army.mil>

## **PHYSICAL DISABILITY SEPARATION**

Captain Robert E. Webb, Jr. and Major David C. White

### 1. Overview.

A Soldier may be separated from the United States Army for a physical or mental impairment, whether a disease or injury, if it renders the Soldier physically unfit for duty. Fitness for duty is a function of the Soldier's ability to perform the duties of his or her primary military occupation specialty (PMOS) or officer specialty (OS) at a minimum level of competence given the Soldier's rank and current duty position. The Physical Evaluation Board (PEB) is the sole forum within the Army to determine a Soldier's unfitness for duty as a result of a physical impairment.

Failure on the part of a Soldier to be worldwide deployable by reason of a physical disability does not by itself render a Soldier unfit for duty. The factual determination as to whether a Soldier is fit or unfit for duty exclusively focuses upon duty performance. A Soldier carrying multiple diagnoses may nonetheless be found fit for duty if there has been no significant diminution in the Soldier's duty performance. It is only when a physical disability has risen to the high level of interrupting the Soldier's service career, or term of service, that a PEB will make a factual finding of unfitness. To illustrate how this is so strongly a performance based system, it is not unusual to come upon the paradox wherein two Soldiers of equal rank with identical medical conditions of equivalent severity, have contradictory fitness findings. This is where one Soldier is found fit for duty and the other is not. This apparent contradiction in outcome is explained by the fact that one Soldier can still perform the duties of his/her PMOS, while the other cannot. Consider the example of two PFCs, one an 11B5P airborne infantryman and the other a 71L administrative specialist, both of whom are afflicted with constant, moderate knee pain. This medical condition will render an infantryman unfit for duty given the demanding physical requirements of the Airborne Infantry, whereas the administrative specialist with only light physical requirements can still perform clerical duties at a minimum level of competence or higher, and will, therefore, be found fit within the limits of his/her physical profile.

The process for making a fit for duty determination begins with the medical evaluation board (MEB). A Soldier may be referred to an MEB from a MOS/Medical Retention Board (MMRB) or by a reviewing or treating physician. The results of the MEB are forwarded to the Physical Evaluation Board (PEB) for adjudication. After adjudication, the PEB results are forwarded to the Physical Disability Agency (PDA) for review and final approval. The PDA is a Department of the Army agency that has final approval authority for disability cases adjudicated by the PEB.

## 2. The Medical Evaluation Board (MEB).

The treating physician, company/battery commander, or a convened Medical/MOS Retention Board (MMRB), each possess the authority to refer a Soldier to a MEB if separation for medical reasons is immediately foreseeable. The Soldier's servicing medical treatment facility (MTF) convenes a MEB to document the Soldier's medical history, current physical status, and recommended duty limitations. The Soldier's command prepares a memorandum on the commander's position on the Soldier's physical abilities to perform PMOS/OS duties in the currently assigned duty position. The MEB's mission is to determine if the physically-impaired Soldier meets retention standards in accordance with AR 40-501, Standards of Medical Fitness. The PEB, however, is the sole determiner of the Soldier's physical fitness for duty, as measured by duty performance, in accordance to AR 635-40, Physical Evaluation for Retention, Retirement, or Separation.

The MEB forwards the Soldier's case to the PEB for review if the MEB finds that the Soldier does not meet retention standards, according to PMOS/OS and grade, as prescribed by chapter 3, AR 40-501.<sup>viii</sup> However, a Soldier is not automatically unfit because of a failure to meet the retention standards. AR 635-40 precludes the doctors at the MEB from making a factual determination as to the Soldier's physical fitness for duty. This fact-finding authority is solely within the purview of the PEB. If the physician violates this prohibition and renders a fitness assessment, it will simply be ignored by the PEB.

The MEB findings are recorded on DA Form 3947 (Medical Evaluation Board Proceedings). This form documents the physical or mental conditions that preclude the Soldier's retention. If the Soldier does not agree with the findings, he or she may so indicate on DA Form 3947 and attach a written appeal that sets forth the reasons he or she disagrees. If the Medical Treatment Facility's (MTF) approving authority does not make a favorable change in the original MEB based upon the Soldier's appeal, a copy of the Soldier's appeal will be sent to the PEB along with the results of the MEB.

### 3. Physical Evaluation Board Liaison Officers (PEBLO).

An important actor and source of information for Soldiers throughout the PEB process is the PEBLO. The PEBLO collects and prepares the Soldier's medical packet for presentation to MEB and PEB. A Soldier's medical packet consists of medical records, medical narrative summary of present disabling conditions, commander's memorandum and physical profile, along with other related information.

Each MTF should have a designated PEBLO available to provide counseling for Soldiers from the time they are identified as requiring a MEB through the time that they are separated. The PEBLO will work with the Soldier's Legal Counsel and PEB to obtain required documentation and other medical information, and will also serve as the point of contact between physicians and board members. The PEBLO is usually located in the Patient Affairs Division.

### 4. The Physical Evaluation Board (PEB).

#### A. Informal Boards.

Each case forwarded by the MEB is reviewed first by an informal PEB. An informal board consists of three voting members: a combat arms colonel/06 serving as the President of the Board; a personnel management officer (PMO), usually reserve combat arms Lieutenant Colonel, and; a physician, either a Medical Corps Officer or a Department of the Army civilian physician. The three board members determine by majority vote based upon a preponderance of the evidence the physical fitness/unfitness of the Soldier based on PMOS/OS specific performance standards. If the Board determines that the Soldier is physically unfit for duty in his/her present grade, rank, PMOS/OS and current duty position by reason of a physical disability, the PEB then recommends a disability rating percentage based upon the Soldier's present degree of severity for each medical diagnosis found to be separately unfitting. The Soldier processing for physical disability separation possesses no legal right to appear or otherwise participate in the informal board proceedings. The PEB records its informal factual findings and the recommended disability rating on DA Form 199 (Election to Formal Physical Evaluation Board Proceedings). Once the PEB has informally adjudicated a Soldier's disability case, the Soldier will consult with his or her PEBLO at EAMC for assistance in choosing an election option. The Soldier is afforded the following election options: a) concur with the PEB's informal findings and recommendations; b) request a formal administrative hearing, either with or without personal appearance, which is a statutory right; or, c) non-concur and submit a written appeal in lieu of proceeding with a formal board. If electing to proceed with a formal hearing, Soldiers have the option to request minority representation based on race or the female gender. The board typically

grants the Soldier's request if substitute officers are reasonably available.

The membership of the formal board will generally be the same as those members who sat on the informal board. If the informal board members are not available, then a qualified substitute officer will sit on the formal board. All board members are required to familiarize themselves with the case prior to the actual hearing. Once the Soldier demands a formal hearing, he or she is entitled to regularly appointed military counsel. The Soldier appearing before a formal hearing may elect to be represented by a private civilian lawyer at no expense to the government.

#### B. The Formal Physical Evaluation Board.

The formal Physical Evaluation Board is an administrative, fact-finding de novo hearing. The hearing is non-adversarial in nature, that is to say it is a "friendly hearing." In this regard, there is no government representative to oppose or counter the Soldier's position at hearing. Generally, the formal board is not bound by the military rules of evidence except insofar as the evidence adduced at hearing must be relevant and material to the Soldier's case. Although termed a formal hearing, the actual proceedings are somewhat relaxed to provide the Soldier a fair hearing within a friendly atmosphere. Soldiers usually request a formal hearing to argue for a higher disability rating, believing that the recommended disability made informally did not accurately reflect their current level of severity. Some Soldiers, who were found unfit by the Informal Board, request a formal hearing to argue that they are fit for duty based on uninterrupted and undiminished duty performance. This serves to underscore the fact that PEB proceedings, unlike those of the MEB, are performance based. It should be noted that Soldiers who are found fit for duty at an informal Board, have no legal right to request a formal hearing. The President of the Board, however, has the discretion to direct a formal hearing when one board member strongly feels that the Soldier is unfit. A Soldier may otherwise waive his/her right to a formal hearing should they concur in the finding and recommendation of the informal board.

The mission of the formal PEB is twofold: 1) to determine whether the Soldier can reasonably perform the duties of his or her primary MOS/OS and grade; and if not, 2) to determine the present severity of the Soldier's physical or mental disability and rate it accordingly. The three members of the Board--the President, the Personnel Management Officer (PMO) and the medical doctor--may be challenged for cause and replaced if the challenge is sustained. The medical member of the Board is a physician (military or civilian) who may be a general medical officer or a practitioner in any specialized field of medicine. It is administratively impractical to have a physician sitting on the board whose medical specialty pertains to the Soldier's unfitting condition. The two other board members are active component, reserve component or a DA civilian employee who do not need to be from the same branch or career management field as the boarded Soldier. The PMO, however, is usually a reserve AGR officer. This is to accommodate Reserve Component Soldiers processing for physical disability separation who are entitled to have a Reserve Component Officer sitting on the Board.

In a Formal Hearing, the PEB is not bound to its previous findings and recommendations. All issues are decided anew which means that the Soldier's disability rating could be raised, remain the same, or be lowered. The focus of the formal hearing is the medical evidence of record primarily contained in the narrative summary written by the MED along with any subsequent

medical addenda.

Following the closed board deliberations, the Soldier is recalled to the hearing room where he/she is immediately notified of the Board's decision and given up to ten calendar days to make an election to concur or non-concur with the formal decision. If the Soldier disagrees with the formal board results, the Soldier may submit a written rebuttal to the board's findings and recommendations. The Board will consider the written appeal and issue a written decision to the Soldier either reaffirming or modifying its formal decision. If the board reaffirms or modifies their decision, AR 635-40 requires the board to forward the entire formal board record to the Physical Disability Agency (PDA) in Washington, D.C., for final approval. The formal board proceedings are tape-recorded for final review by the PDA.

#### 5. The Physical Disability Agency (PDA).

The PDA reviews all cases prior to final disposition in which the Soldier has non-concurred with the decision of the PEB. The PDA may modify the PEB's findings and recommendations if it concludes that PEB made an error. Departing from generally accepted medical principles to adjudicate a case would, for instance, constitute error on the part of the PEB. The PDA reviews, through its staff psychiatrist, all psychiatric cases. The PDA, moreover, conducts random disability case reviews based either on selected categories of medical impairments or reviewing every tenth case received for final disposition. The PDA conducts random reviews to assure uniformity of result from the three regional PEBs located at Walter Reed Army Medical Center, Fort Sam Houston, and Fort Lewis. This means that the final result of a Soldier's disability case should be the same irrespective of which regional PEB adjudicated the case. In reviewing disability cases, the PDA has full authority to accept or modify the findings and recommendations of a PEB. In modifying a Soldier's case, the PDA may reverse the factual finding of unfitness for duty made by a PEB. Therefore the PDA could find a Soldier fit for duty who had been previously found unfit by a PEB. With respect to the PEB's recommended disability rating, the PDA can raise, affirm or lower the disability rating to reflect accurately the Soldier's present level of physical impairment caused by the unfitting condition. When the PDA makes a modification after reviewing a particular case, it gives the affected Soldier written notice of such, and provides a sufficient period of time to respond in writing prior to finalization of the case.

#### 6. Rating Disabilities Found To Be Unfitting.

Only those service-connected physical impairments which render the Soldier unfit are ratable under the U.S. Army Physical Disability System. As stated before, "unfitting" is interpreted to mean service or career interruption. For Soldiers with multiple diagnosed physical impairments, each is potentially ratable provided that the PEB finds each physical impairment to be separately unfitting. The Department of Veteran's Affairs (VA), on the other hand, will rate any and all service-connected conditions. Many people mistakenly believe that the Army follows the same rules as the VA. This is not the case. The Army rates an unfitting condition for present level of severity whereas the VA rates for future progression, which is the prognosis of the illness or injury, and for adverse impact on employability within the civilian job sector.

When a PEB determines that a Soldier is unfit for continued military service by reason of a physical disability, the disabling condition is rated in accordance with the Veteran's Administration Schedule for Rating Disabilities (VASRD) as modified in AR 635-40, Appendix B, and DOD Directives 1332.38 and 1332.39. The mere fact that a Soldier has an impairment that appears in the VASRD does not automatically result in entitlement to disability rating. As will be remembered, the PEB must first determine that the impairment renders the Soldier unfit for duty. Contrariwise, when the VA rates a service-connected physical impairment or disease, there is no consideration of performance-based factors.

The VASRD specifies diagnostic codes for a wide spectrum of diseases and physical impairments covering all major body systems. By way of example, there are injuries/diseases of the cardiovascular, respiratory and musculoskeletal systems. Each specific diagnostic code specifies disability ratings percentages in increments of ten, beginning with 0% and continuing to 100%, if so indicated. The specific disability rating expressed as a percentage indicated the degree to which the rated condition has impaired the whole person. Again it must be remembered that the Army and VA rate for different purposes. A particular VASRD diagnostic code may have a rating ceiling of 30%. The Army cannot exceed the specified upper limit, but the VA can award a 100% disability rating for that condition if it were to find that the severity of this condition rises to the level of rendering the Soldier incapable of being trained for any type of gainful civilian-sector employment. If an impairment is so mild that it fails to meet the minimum criteria listed for an assigned rating under the VASRD, AR 635-40 and DOD directives, the PEB may recommend a zero percent disability rating even if not indicated on the applicable diagnostic code. A zero percent rating is a minimum rating and, as such, is a compensable rating and carries the same Army benefits, to include severance pay, as a 10 or 20 percent rating. Zero percent ratings will not be awarded if a mandatory minimum rating is specified. Convalescent ratings contained in the VASRD are for VA use only and do not apply to the Army.

## 7. Physical Evaluation Board Recommendations.

### A. Existed Prior to Service (EPTS).

A Soldier will not receive a rating for a disability that preexisted entry into military service if the PEB finds that the unfitting condition has not been permanently aggravated by military service. This creates a very difficult standard of proof, especially for reserve component members who must establish a nexus between their unfitting condition and military service. Service aggravation has a narrow definition in AR 635-40, Chapter 5-2, that requires a permanent aggravation of the Soldier's condition beyond what would have occurred as result of "natural progression." The PDA will conclude that a chronic illness existed prior to service (EPTS) if it manifests itself within a very short period of time, usually 90 days, after entry onto active duty. The Army uses accepted medical principles to determine the natural progression or onset of an impairment. For example, it is not unusual for a small number of Soldiers to display bizarre behavior sometime during basic training, AIT or during the first few months of their first overseas assignment. Subsequently, these Soldiers in question are often diagnosed as being schizophrenic. In such cases, the onset of the developmental or prodromal period is dated 90 days prior to the first display of bizarre symptoms. This typically makes this form of mental

illness EPTS without permanent aggravation. Therefore, the PEB will find the Soldier unfit and recommend separation without entitlement to disability benefits.

As in the above example, if the PEB considers a Soldier's impairment EPTS without permanent service aggravation, the Soldier will not receive a disability rating. The PEB will recommend separation without disability benefits (i.e. without entitlement to lump sum severance pay) and the Soldier is medically discharged. By way of further example, the condition of flat feet is a common EPTS condition which often becomes symptomatic for pain as a function of physical activity. The Army's physical training requirements of running, rucksack marches and other equally demanding physical activities, function to increase the intensity of pain for Soldiers whose flat feet have become symptomatic for pain. While these physical activities temporarily aggravate the pain experienced in flat feet, it cannot serve as the basis for "permanent service aggravation" of a congenital condition. The cited condition would be seen merely as natural progression of an EPTS condition. To succeed in gaining a disability rating for an unfitting case of flat feet, the Soldier would need to show a specific trauma or surgical mishap that has permanently aggravated his/her flat feet. Permanent service aggravation equates to a level of severity caused by military service that is far above a level of severity that can be attributed to natural progression and for which there will be no significant improvement following cessation of physical activity known to aggravate temporarily the unfitting condition. An acceleration of natural progression attributed to military service would also constitute permanent service aggravation.

#### B. Fit by Presumption.

The presumption of fitness applies whenever a Soldier's military service is terminated for reasons other than the Soldier's diagnosed physical impairment. Examples include bars to reenlistment, voluntary or involuntary retirement, Qualitative Management Program (QMP), administrative separations under the provisions of AR 635-200, and the like. The presumption will apply whenever the approval date or imposition date of the cause of termination precedes the dictation date of the MEB narrative summary. A ruling that the presumption of fitness applies does not necessarily mean that a Soldier is fit for duty. It merely means that the Soldier's impairment is not the cause for separation from the service.

A Soldier can overcome the presumption if he or she shows, by objective medical evidence, that his/her military service was effectively interrupted by reason of a physical impairment. Evidence of prior unfitness may be found in counseling statements for unsatisfactory performance caused by the Soldier's physical impairment. Comments on OERs/NCOERs pertaining to the Soldier's/officer's diminished duty performance by reason of a physical impairment are effective in rebutting the presumption of fitness.

The PEB presumes that Soldiers who become retirement eligible or who are within one year of their retention control point (RCP) are fit for duty. If a Soldier has been able to perform at a minimum level of competence the duties of his/her PMOS up to the point of becoming retirement eligible or reaching the retention control point, he/she cannot convincingly argue sudden unfitness for duty by reason of a physical disability.

If there were either an abrupt onset of a disease process or if there were a sudden acute change in a long-standing diagnosed condition (with either event resulting in diminished duty performance falling below a minimum level of competence), the affected Soldier might well succeed in rebutting the presumption of fitness and thereby gain a disability rating.

#### C. Separation with Severance Pay.

A Soldier separated from the service with less than a 30% disability rating will receive severance pay as financial compensation from the Army. Severance pay is calculated by doubling the Soldier's monthly base pay multiplied by the number of active federal service years, not to exceed 12 years. This is a one-time lump sum payment, and may affect any monetary VA benefits for which the Soldier may qualify. Unlike the VA monthly stipend, severance pay from the Army may be taxable income for the Soldier. Severance pay is not taxable for those Soldiers who were in the Armed Forces on 24 September 1975 or if the disability is due to a combat-related injury or from an instrumentality of war (such as a parachute related injury). If the VA rates the Soldier for the same condition which the PEB found unfitting and awarded a disability rating, the severance will then become nontaxable income to the separated Soldier. If the calendar year during which the Soldier was separated has not passed, the Soldier can write to the Army Finance Center in Indianapolis requesting that the withheld taxes be rebated. Once the calendar year has passed, the Army has already transferred the severance pay tax withholdings to the Internal Revenue Service. A Soldier must then request a refund with the IRS by filing a 1040X form along with his/her tax return. The Soldier must also attach a copy of her DD 214, DA Form 199, and a letter from the VA documenting the Soldier's disability percentage. The IRS will review and consider the Soldier's filed tax return on a case by case basis.

#### D. Permanent Disability Retirement.(Process Under Review as of September 2008)

A Soldier with less than 20 years of active federal service qualifies for disability/medical retirement if his/her disability rating is 30 percent or higher. Disabled Soldiers with a medical retirement rated at 30% will draw for a lifetime 30% of their base pay calculated at their retirement date. Active component Soldiers with vested retirement based on 20 or more years of active federal service, who are found unfit and awarded a disability rating of 30% or higher, being eligible for both a longevity and medical retirement, will always draw a retirement based on the higher amount. If, for instance, a Soldier's disability rating percentage exceeds that percentage of retired pay based on years of service, he/she will receive as retired pay the higher amount based on the disability rating percentage. Contrariwise, if the percentage of retired pay based on years of service is higher than the disability rating percentage, the retired pay based on years of service will take precedence over the disability rating percentage. By way of a specific example, an unfit Soldier with 22 years of service is entitled to receive 55% of his/her base pay as regular retirement pay. But if the PEB were to rate the unfitting condition at a 60% disability, that Soldier would receive a monthly pension equal to 60% of his/her base pay. Additionally, the Soldier's retired pay will be classified as disability retired pay. There is, however, no "double dipping"; the 60% disability amount will not be added to the Soldier's 55% retirement amount. If that same Soldier received a disability rating of 40%, and qualified for 55% of his/her current



base pay; the Soldier will receive 40% of base pay for disability retirement, and 15% of base pay for standard longevity retirement.

This distinction is significant for two reasons: (1) it can figure in reducing tax liability, and (2) disability retirement pay is not subject to division under the Former Spouses' Protection Act.

Note that by law a retired Soldier is prohibited to receive more than 75% of his/her military base pay, whether retired medically or retired for years of service. A disability rating less than 75% will result in pensions equal to that amount of base pay (e.g., a Soldier with 24 years service who is rated at a 40% disability rating, disability retired pay will be 40% of base pay with an additional 20% in ordinary retired pay). Permanent disability ratings in excess of 75% will result in compensation limited to 75% of the Soldier's base pay. Soldiers placed on the Temporary Disability Retirement List by regulation will receive no less than 50% of their current base pay, even if their disability rating is 30%.

Reserve component members found unfit at a disability rating of less than 30%, but who have a vested reserve retirement as evidenced by a twenty year retirement letter, have the election of choosing between immediate receipt of disability severance pay or delayed receipt of the vested reserve retirement at age 60. The reserve component member will not be able to receive both benefits and should base an election upon factors such as age, immediate financial needs, life expectancy, and other relevant factors. It is usually to the financial benefit of the Reservist to retain the retirement based on years of service.

#### E. Temporary Disability Retirement List (TDRL).

Soldiers rated at 30% or more and whose impairments are considered to be unstable for rating purposes are placed on the TDRL and required to be re-examined in 12 or 18 months. This is a "wait and see" approach for medical conditions that are likely to either improve or deteriorate within the next 18 months. Such conditions are not considered stable for rating purposes inasmuch as the PEB rates solely for present severity and not for future progression. The Soldier can be retained on the TDRL for a maximum of five years if the Soldier's condition remains unstable and continues to meet the minimum criteria for a rating of 30% or more. If a Soldier's impairment stabilizes within the five year period, the PEB will recommend a permanent disability rating and remove the Soldier from the TDRL. All of the initial options (fit for duty, separation with severance pay, separation without benefits, and permanent disability retirement) are available to the PEB when making a final adjudication of the case. Should the Soldier disagree with the PEB's final findings and recommendations, he/she has a right to demand a formal hearing. If a Soldier's unfitting condition has not stabilized within the five year period, the PEB will proceed to rate the Soldier for the level of severity attained at the end of the five year period.

#### 8. Line of Duty Determinations (LOD).

Injuries or diseases contracted in the line of duty entitle the unfit Soldier to disability compensation in the form of severance pay or a medical retirement. An unfavorable LOD determination disqualifies a Soldier from receiving disability compensation. If, for example, the PEB receives a negative line of duty determination after it has adjudicated a disability case, it will revise its findings and recommendations, reversing any award of benefits. Usually, if an active duty Soldier is pending an LOD, the PEB will conditionally adjudicate (noted on DA Form 199 as such) the case pending final outcome of the LOD. In the case of Reservists, the PEB will not recommend a disability rating without first having received a LOD determination for the unfitting disability.

Although the PEB cannot modify the LOD determination, it can return the case to the casualty branch. The casualty branch determines if there are LOD issues which require further examination.

#### 9. Eligibility for Processing.

Soldiers who are under investigation or pending charges which could result in dismissal, punitive discharge, or an administrative separation under other than honorable (OTH) conditions, are not eligible for processing for physical disability separation. The PEB will return the Soldier's case file to EAMC awaiting resolution of the charges before the PEB will take additional action. If the action is favorably resolved for the Soldier and the possibility of an adverse discharge or separation no longer exists, processing will then continue. Additionally, cadets, AWOL Soldiers, and Soldiers confined for civil offenses are not eligible for processing through the physical disability system.

#### 10. CONCLUSION.

The U.S. Army Physical Disability System is a complex and esoteric system for medically separating or retiring Soldiers found to be unfit for duty. The system strives to balance the best interests of Soldiers afflicted with physical impairments with the Army's paramount mission to maintain a fit fighting force. The Army policy of rating unfitting physical impairments or diseases is predicated on following established medical principles to rate physical disabilities on the basis of impaired function of the whole person. This approach measures the severity of a rated disability relative to all possible injuries and disease processes that degrade human bodily function. The consequence is that the Army disability ratings, based on increments of ten, actually yields higher disability ratings than comparable civilian disability systems such as state workers' compensation systems. Nonetheless, some Soldiers being processed for physical disability separation express dissatisfaction with the Physical Disability System, especially with respect to the way disabilities are rated and how financial compensation is awarded. On the matter of compensation, disabled veterans must be reminded that when Congress enacted Public Law creating the Physical Disability System for the US Military establishment, it was envisioned that disabled service members, though assisted financially by their branch of service and the VA, would still be expected to contribute to their own support by working to the extent permitted by their physical impairment. This partnership arrangement between the government and the disabled veteran is virtually unrivaled by any other country in the world. (A comparative study reveals that most countries have no comparable system for compensating disabled Soldiers. A case in point is the paraplegic Russian Army veteran from the

war in Afghanistan who can routinely be seen begging for money in the Moscow subway.)  
Relevance

## **SECTION 6**

### **TRANSITION**

#### **a. Considerations for the Family**

#### **b. Transition Resources**

## Considerations for the Family

For those exiting military service, there are many resources to ease the transition. For the Family, there are many considerations to reflect on as actual homecoming approaches.

While at EAMC, you have been surrounded by other Families and Soldiers who have experienced journeys similar to your own. There is a shared sense of “being in the trenches” with others living at the post lodging. The focus has been on healing and rehabilitation. The medical and support services at EAMC are superb. There are agencies available to help with just about any need that the Soldier or Family has had while at EAMC.

Though you may have been home with your Soldier already during periods of convalescent leave, there is a difference when it is time to go home to stay. A new normal will have to be established, and like any change, this will take some getting used to. Even if your Soldier has healed to the point of returning to active duty/active reserve, you have been changed by the experiences endured. The entire Family has been through a tremendous ordeal, and the full extent of how your lives have been changed will become even more evident once beginning your “new normal” routines.

Some changes you may be facing are:

- Adapting your home to be accessible to your Soldier
  - Resuming/redefining parenting roles, especially if your children were not with you at EAMC
  - Getting back to household chores, i.e. cooking and cleaning
  - Going back to work or having to find a job
  - Reunion with friends and Family
  - Being the only Family of a seriously wounded Soldier in your community
  - Becoming your spouses or adult child’s caregiver away from EAMC community (see chapter 4c)
  - Relinquishing your role as the care giver as your Soldier regains health
  - Sharing your role as head of household after separation
  - Relocating and all that entails
  - Using a new medical facility and establishing relationships with new health care staff
  - As a parent of a seriously wounded Soldier, allowing the adult child to resume control of their lives
- 
- Dealing with a change in status from Army Family to Civilian Family
  - Redefining life goals
  - Sending your Soldier back to duty or even returning to theatre

These are just a few of the changes and challenges that could be looming ahead. While the medical team has been busy from day one with discharge planning for your Soldier, it is critical that the Family do some Family “discharge planning”. Make a conscious effort to devise an action plan for your transition home. Begin constructing your support network and thinking of local resources to tap into. Develop an action plan for the transition home.

Develop your plan with your Soldier. Communicate your thoughts, feelings, and ideas so that you both develop realistic expectations about this final homecoming. Listen to your Soldier's concerns, thoughts and feelings. Problem solve together to help forge a strong Family team. The transition home could bring about more reunion related issues. Keep in mind that this is normal and to be expected. Review the reunion material and seek out more information from the resources provided. Military OneSource can refer you to local resources for reunion counseling. Getting help is not an admission of failure, it is an admission of caring.

There are professionals at many of the organizations supporting wounded Soldiers and their Families who can help you through this time of transition and beyond. This is not a journey that you have to make alone. For assistance connecting to these resources, utilize your Soldier Family Management Specialist with the AW2 program (1-800-337-1336) and Military OneSource (1-800-342-9647). The Department of Veteran Affairs (or VA) also has programs for counseling Families through Vet Centers.

The SFAC is a local resource that can assist you with your various needs. The SFAC can be reached at 706-791-8777.

It is critical to mention at this juncture that transitioning for many Soldiers means working through the VA system to get a disability rating which is not always the same (often greater) as the disability rating given by the Army. Get in touch with the VA and begin working to determine how to best navigate their system. There are organizations listed in the resource section of this handbook that can assist you with obtaining VA benefits. There is a time limit for signing up for VA benefits so make an appointment with the VA representatives at EAMC to begin the process.

## **Transition Resources:**

### **Turbo Tap**

<http://www.transitionassistanceprogram.com/register.tpp>

The DoD Transition Assistance Program (TAP) was designed by the Department of Defense to smooth the transition of military personnel (and Family members) leaving active duty. TAP is a partnership among DoD, DOL, and VA.

Returning to civilian life is an exciting time, but is also a complex undertaking. The servicemember has many steps to take, and many questions to get answered. The Transition Assistance Program is there to help.

### **Recovery and Employment Lifelines**

[www.dol.gov/vets/programs/Real-life/main.htm](http://www.dol.gov/vets/programs/Real-life/main.htm)

1-888-774-1361

The program seeks to support the economic recovery and reemployment of transitioning wounded and injured service members and their Families by identifying barriers to employment or reemployment and addressing those needs.

The program facilitates collaboration of federal and state programs and services with follow-up and technical assistance to assure success of wounded and injured service members.

### **E-VETS Resource Advisor**

[www.dol.gov/elaws/vets/evets/evets.asp](http://www.dol.gov/elaws/vets/evets/evets.asp)

The e-VETS Resource Advisor assists veterans preparing to enter the job market. It includes information on a broad range of topics, such as job search tools and tips, employment openings, career assessment, education and training, and benefits and special services available to veterans. The e-VETS Resource Advisor was created to help veterans and their Family members sort through the vast amount of information available on the Internet. Based on your personal profile and/or the various services you select, the e-VETS Resource Advisor will provide a list of Web site links most relevant to your specific needs and interests.

The e-VETS Resource Advisor is one of several “elaws” Advisors developed by the US Department of Labor to help employees and employers understand their rights and responsibilities under numerous Federal employment laws. The e-VETS Resource Advisor has two sections: General Services and Personal Profile. You are encouraged to use both sections to achieve the best results.

## **Army Community Service**

### *Employment Readiness Program*

The goal and focus of this program is to help the military spouse find employment. The program provides education, employment, and volunteer information as well as career counseling and coaching. Job search assistance is provided. The Employment Readiness Program is located at within Army Community Service at Darling Hall and can be reached at 706-791-3579.

### *Army Career and Alumni Program*

Program is geared to Soldiers separating from the service. Pre-separation counseling, veterans' benefits briefings, and pre-discharge program are offered.

**Heroes to Hometowns:** Helping severely injured Service Members and their Families connect with their hometowns or new communities

<http://www.militaryinstallations.dod.mil/ismart/MHF-MI/h2h/>

## **MISSION**

The recuperation time after hospitalization and rehabilitation is crucial to an individual's recovery. Knowing that they are welcome in their new community and that there is a new life ahead can be the most significant part of this process.

Heroes to Hometowns is designed to welcome home Service Members who, because of injuries sustained, can no longer serve in the military. In creating a positive transition home, Heroes to Hometowns inspires community growth and establishes a support network for Service Members and their Families that allows them to ease into their hometown or new surroundings.

The purpose of the Heroes to Hometowns Program is to help communities:

- Recognize the severely injured and embrace them as part of the community
- Assist them in making a seamless transition into their new hometown
- Provide a support network they can access when needed

This program will promote community growth and:

- Bring in a "champion" to support your community, or reach out to assist another community in need
- Rally the community to provide what is needed
- Connect the community with nation-wide efforts and nationally accessible resources
- Keep the community informed of severely injured Service Members interested in becoming a member of the community
- Comfort all active duty and reserve military and their Families by knowing that their communities support them



## **Seamless Transition Assistance Program for all veterans:**

<http://www.seamlesstransition.va.gov/>

Local Seamless Transition Center  
1237 Augusta West Parkway  
Augusta, Georgia 30909  
706-210-5901

Seamless Transition Benefits:

### **Benefits for Active Duty Military Personnel**

- [Compensation and Pension](#) - Benefits information for veterans and soon-to-be veterans with service related disabilities.
- [Education](#) - Information on the education benefits available for veterans.
- [Home Loan Guaranty](#) - Eligibility requirements for VA's Home Loan Guaranty program.
- [Burial](#) - Information on burial benefits for certain qualified veterans.
- [Health and Medical Services for the Military](#) - Visit the TRICARE web site.
- [Defense and Veterans Brain Injury Center](#) - As the United States faces crises both at home and abroad, DVBIC continues to be the only organization committed to the effort to prevent, treat, and provide education on TBI for Soldiers currently on active duty, national guard and reservists recently injured in the line of duty, their dependents, and retired military personnel.
- [National Center for PTSD](#) - The mission of the National Center for PTSD (Post Traumatic Stress Disorder) is to advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.
- [PTSD Specific to OEF/IF Veterans](#) - Information for clinicians, veterans and Family members.

### **Benefits and Services Information for National Guard and Reserve Personnel**

Reserve and National Guard members receiving VA compensation or pension benefits at the time they were called to active service must [contact a VA regional office](#) to report the date of activation. Failure to do so will cause an overpayment of the VA benefits.

Reserve and National Guard members may be eligible for VA benefits under certain conditions. Additional information can be obtained at

[http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1138](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1138).

[Disability Specific VA Benefits](#) - Link to a VA web page containing descriptions of disability benefits and application forms.

[Education - The Montgomery GI Bill](#) - Links to a comprehensive description of the Montgomery G.I. Bill.

- [Health Care Eligibility](#) - Find out if you are eligible for benefits, how to apply and what it will cost, then complete an application form online. Have a question? Call the VA Health Benefits Service Center toll free at 1-877-222-VETS!
- [HealtheVet Web Portal](#) - VA's NEW health portal has been developed for the veteran and Family -- to provide information and tools to enable one to achieve the best health.
- [CHAMPVA \(Civilian Health and Medical Program of the Department of Veterans Affairs\)](#) -- CHAMPVA is a federal health benefits program administered by the Department of Veterans Affairs. CHAMPVA is a Fee for Service (indemnity plan) program. CHAMPVA provides reimbursement for most medical expenses - inpatient, outpatient, mental health, prescription medication, skilled nursing care, and durable medical equipment (DME). There is a very limited adjunct dental benefit that requires pre-authorization. CHAMPVA is available to certain veteran's Family members who are not eligible for TRICARE.
- [Defense and Veterans Brain Injury Center](#) - As the United States faces crises both at home and abroad, DVBIC continues to be the only organization committed to the effort to prevent, treat, and provide education on TBI for Soldiers currently on active duty, national guard and reservists recently injured in the line of duty, their dependents, and retired military personnel.
- [National Center for PTSD](#) - The mission of the National Center for PTSD (Post Traumatic Stress Disorder) is to advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.
- [PTSD Specific to OEF/IF Veterans](#) - Information for clinicians, veterans and Family members.

- [Transitioning from War to Home](#) - This link takes you to the VA Vet Center Readjustment Counseling Service web site. Purpose of the Vet Center is to provide quality readjustment services in a caring manner to war veterans and their Family members, assisting them toward a successful post-war adjustment in or near their respective communities.
- Reemployment Rights
  - [Federal Employees](#) - This Office of Personnel Management web site contains information for Federal Employees called to active duty and veterans seeking Federal employment.
  - [Civilian Employees \(Uniformed Service Members\)](#) - This Department of Labor web site contains reemployment information for civilian workers called to active duty.
- [Veteran's Small Business Information](#) - This Federal Government web site contains information for veterans who are small business owners and veterans who would like to start their own businesses.
- [Service/Family Member ID Cards](#) - Army Reserve and Guard component active duty extensions means service member and Family member ID cards must be updated. Find the nearest office via Realtime Automated Personnel Identification System (RAPIDS).
- [State Benefits](#) - Many States offer benefits for veterans. You should contact the VA regional office that serves your area to find out what your State may offer. You will find the area(s) served in the right hand column of the web page at the other end of the link.

---

### **Other Helpful Points of Information**

- [Disabled Soldier Support System \(DS3\)](#) - The Army designed DS3 specifically to help severely disabled Soldiers and their Families as they attempt to tap into services available to them through the military and the Department of Veterans Affairs. DS3 gives disabled Soldiers (active or reserve) one-stop shopping for help with financial, administrative, medical, vocational, other needs. It helps them sort out the medical and vocational benefits for which they qualify and provides an advocate for them during their rehabilitation.

- [National Guard Family Program -- OnLine Community](#) - An on-line community to share information and provide links to resources that will address your financial and emotional needs and improve your well-being.
- [DOD Mobilization and Demobilization](#) - The main DOD web site for Reserve Affairs.
- [DOD Deployment Health and Clinical Center](#) - A DOD web site containing links to Pre and Post deployment resources to include Family and veteran health services.
- [The National Guard](#) - The web site for National Guard personnel.
- [Army Career and Alumni Program \(ACAP\)](#) - Transition and employment information for Reserve and Guard personnel.
- [Reemployment Rights](#) - Link to a DOD site for information on Reserve and National Guard reemployment rights.
- [Air Force Reserve](#) - Go to Air Force Reserve web site for reservists and Families.
- [Air National Guard](#) - Link to Air National Guard health information.
- [Army National Guard](#) - Link to the Army National Guard web site for Family resources.
- [Army National Guard Family Resource Center Locations](#) - Link to the Army National Guard Family Resource Center spreadsheet for center locations.
- [Army Reserve Main Web Site](#) - Links to the Army Reserve web site for further links to transition information, career guidance, Family readiness, etc.
- [Army Reserve Transition and Retention](#) - Link to Transition and Retention web site only.
- [Assistant Secretary of Defense for Reserve Affairs](#) - Informational web site for Reserve Affairs.
- [Coast Guard Reserve](#) - The Family Readiness Guide for Coast Guard Reserve personnel and Families.
- [Marine Forces Reserve](#) - Link to Marine Forces Reserve web site with more links to medical information, Family and community services, etc.
- [Naval Reserve](#) - Link to the Naval Reserve web site.
- [Fisher House](#) - Fisher House Foundation, a Public / Private partnership, donates "comfort homes," built on the grounds of major military and VA medical centers to offer members of the military and their Families a temporary place to stay while receiving specialized medical treatment.
- [Army Review Boards Agency](#) - Discharge review and correction to military records such as the DD 214.

- [GOV Benefits.Gov](https://www.govbenefits.gov) - This Federal Government web site contains links to many Federal and State benefits programs. You can search by Federal agency, State, or category of program.

## **VA Health Care Eligibility**

Find out if you are eligible for benefits, how to apply, and what it will cost, then complete an application form online. Have a question? Call the VA Health Benefits Service Center toll free at 1-877-222-VETS.

## **Quick Tips for Veteran Affairs Benefits**

One of the more difficult tasks for a returning veteran is applying for the many VA benefits. The unknown of "should I," "would I qualify," "how do I apply," or "where do I go for help" can be a frustrating experience. VA intends to ease those frustrations and facilitate your transition from active participation in armed conflict back to civilian life with some basic tips for applying for benefits.

## **Documents Needed for:**

### **Non-Medical Benefits**

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available
- b. Your VA claim number or Social Security number if receiving benefits under prior service
- c. A copy of all marriage certificates and divorce decrees (if any)
- d. A copy of each child's birth certificate (or adoption order)
- e. A copy of your birth certificate if there are living parents dependent on you for support
- f. A copy of any service medical records for disabilities you intend to claim
- g. The most typical claim for benefits is for compensation for military service related injuries. Complete VA Form 21-526, Veterans Application for Compensation or Pension, ([On-line version](#)) ([Print out version](#)). Or, you may obtain a copy of the form from any VA Regional Office ([list of regional offices](#)).

## **Medical Benefits**

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available
- b. In order to document your service in a theater of combat operations, it would be helpful if you brought any of the following:
  - 1. A copy of your Leave and Earnings Statement showing receipt of Hostile Fire or Imminent Danger Pay
  - 2. Receipt of the Armed Forces Expeditionary Medal
  - 3. Kosovo Campaign Medal
  - 4. Global War on Terrorism Expeditionary Medal
  - 5. Southwest Asia Campaign Medal
  - 6. Proof of exemption of federal tax status for Hostile Fire or Imminent Danger Pay
  - 7. Orders to a theater of combat operations
- c. Complete [VA Form 10-10EZ](#), Application for Health Benefits, online. Or, you may obtain the form by:
  - o Calling VA's Health Benefits Service Center toll free number, 1-877-222-VETS(8387), Monday through Friday between 8:00 AM and 8:00 PM (Eastern Time)
  - o Calling or visiting any VA health care facility or VA regional office. To find the facility nearest you, visit the [VA Facilities](#) web page.

---

## Where to Get Help

- a. This web site
- b. [Contact VA through on-line messaging](#). This link gives you access to Frequently Asked Questions (FAQ's), a series of "800" telephone points of contact, mailing addresses for VA offices, and access to a secure, web based messaging program where you can leave questions, by subject matter that are not answered by the FAQ's.
- c. [Federal Benefits for Veterans and Dependents](#). An informative benefits pamphlet in PDF format.
- d. Health Benefits Service Center. Call toll free 1-877-222-VETS(8387)
- e. Visit VA's [health eligibility](#) web site for questions about medical benefits and application procedures.

- f. VA benefits counselors can answer questions about benefits eligibility and application procedures. Contact the nearest VA regional office at 1-800-827-1000 from any location in the United States and Puerto Rico. VA facilities also are listed in the federal government section "Blue Pages" of telephone directories under "Veterans Affairs".
- g. State, local and National Veteran Service Organization representatives are also available to assist you with benefits counseling and claims processing. You may find lists of such representatives at: <http://www.va.gov/vso/>

h. Mobilization Information and Resources Guide. A DOD web site containing multiple links to mobilization and resources information.  
<http://www.defenselink.mil/ra/html/mobilization.html>

Questions? - Questions about benefits for OEF/OIF veterans may be directed to the "Contact VA" web site. (<https://iris.va.gov/scripts/iris.cfg/php.exe/enduser/home.php>)

### **Home Modification Resources:**

**U.S. Army Wounded Warrior Program (AW2)** (formerly called DS3)  
<https://www.aw2.army.mil>  
Local Contact- Ms. Jonelle Mason 706-729-5762

These two agencies can help answer questions in all areas, including home modification and can direct you to other resources as well. Some of these other resources are found below.

### **Department of Veterans Affairs (VA)**

[www.va.gov](http://www.va.gov) (access specific information on the programs at this web site)

Local Contact- 706) 733-0188 or (800) 836-5561

Depending on your service-connected disability, you may be eligible for assistance under one or more of the following programs administered by the Department of Veterans Affairs:

- Specially Adapted Housing (SAH) grants
- Special Home Adaptations (SHA) grants
- Loan Guaranty Service: VA Home Loans
- Vocational Rehabilitation and Employment (VR&E): Independent Living Services
- Veterans Health Administration (VHA) Home Improvement and Structural Alterations (HISA) grants

**U.S. Department of Housing and Urban Development 203(k) Rehab Program**

<http://www.hud.gov/localoffices.cfm>.

**ABLEDATA**

800-227-0216

<http://www.abledata.com>

ABLEDATA is a comprehensive, federally funded project that provides information on assistive technology and rehabilitative equipment available sources worldwide. Offers fact sheets and consumer guides through the Web site or by mail.

**Adaptive Environments Center, Inc.**

<http://www.adaptiveenvironments.org>

The Center provides consultation, workshops, courses, conferences, and other materials on accessible and adaptable design. Also offers publications through the Web site and by mail, including A Consumer's Guide to Home Adaptation.

**Army Emergency Relief (AER)**

866-878-6378

<http://www.aerhq.org>

This private nonprofit service organization provides interest-free emergency loans and grants to eligible recipients.

You may contact the local AER through the SFAC at Fort Gordon. 706-791-8777

**Center for Universal Design** 1-800-647-6777 <http://www.design.ncsu.edu/cud/>

We are a national research, information, and technical assistance center that evaluates, develops, and promotes universal design in housing, public and commercial facilities, and related products. Also provides information on fair housing practices and home modifications.

DisabilityInfo.gov <http://www.disabilityinfo.gov> This website is a comprehensive listing that provides access to all of the federal government's disability-related information and resources.

**Homes for Our Troops, Inc**

866-7TROOPS (866-787-6677)

HYPERLINK "<http://www.homesforourtroops.org>" <http://www.homesforourtroops.org>  
Assists with building materials, labor, and coordinating the process of building a new home or adapting an existing one for handicapped accessibility at little or no cost to the veteran.



National Resource Center on Supportive Housing and Home Modification [HYPERLINK "http://www.homemods.org"](http://www.homemods.org) Web site is a listing of helpful advice and links, including state-by-state information.

### **Salute America's Heroes**

<http://www.saluteheroes.org>

The Coalition to Salute America's Heroes was created to provide a way for individuals, corporations and others to help our severely wounded and disabled Operation Enduring Freedom and Operation Iraqi Freedom veterans and their Families rebuild their lives.

### **State and Local Government on the Net.**

Thousands of state agencies and city and county governments.

### **Serving Those Who Serve**

<http://www.servingthosewhoserve.org>

Serving Those Who Serve is a special-needs home modification service that will be reserved exclusively for veterans who served in Operation Iraqi Freedom or Enduring Freedom, and now have loss of sight, loss of hearing, loss of mobility, or traumatic brain injury. It will not only make their homes safer, but will improve the quality of life for these brave men and women and their Families by providing independence and mobility.

This service is being made entirely at no cost and will be accomplished by community and military volunteers and skilled trades.

### **CAP (Computer and Electronic Adaptive Program) Supports Wounded Service Members**

Our Soldiers, sailors, airmen and marines are returning everyday from deployment in Operation Enduring Freedom and Operation Iraqi Freedom. Yet, many of them are not returning to their duty assignments. Instead, they are recovering at various Military Treatment Facilities (MTFs) because of injuries they sustained in the Global War on Terror.

CAP is committed to providing assistive technology and support to returning wounded service members. Accommodations are available for wounded service members with vision or hearing loss, upper extremity amputees as well as persons with communication and other disabilities to access the computer and telecommunication environment. CAP is available to provide accommodations to service members in the following phases:

#### **Phase 1: Recovery and Rehabilitation**

CAP has been working closely with key staff at MTFs to provide information and assistive technology to wounded service members and their Families. By working directly with staff in the intensive care units, physical and occupational therapist, audiologist and ophthalmologist, we can begin to introduce service members to assistive technology and accommodation support, reducing frustration and providing

encouragement. One example of this technology is an augmentative communication device which enables easy communication between the patient and medical staff as well as Family members.

## **Phase 2: Transition**

In our efforts to ensure a smooth transition from patient to independent living, CAP is working to integrate assistive technologies into housing facilities and employment training centers at EAMCs to support the reemployment process. This technology includes alternative pointing devices, assistive listening devices, voice recognition software and Closed Circuit Televisions. The technology is being introduced to wounded services members to use at their living quarters, allowing them to email Family and friends, improve their quality of care and begin the process of finding employment opportunities.

## **Phase 3: Employment**

CAP is working with the Department of Defense (DoD) and the Department of Veterans' Affairs to assist in the "reemployment process." If a service member remains on active duty or becomes a civilian within DoD or another Federal agency, CAP can provide the work related accommodation to the agency free of charge for internship and/or permanent employment.

The CAP staff is dedicated to ensuring all resources and assistive devices are available to assist our nation's service members in their rehabilitation process, successful treatment outcomes and future employment opportunities.

For more information, contact 703-998-0800 x27 (Voice), 703-681-0881 (TTY).

## **Resources:**

Military OneSource- [www.militaryonesource.com](http://www.militaryonesource.com) or 1800-342-9647

The U.S. Army Wounded Warrior Program (AW2): [www.AW2.army.mil](http://www.AW2.army.mil)

Seamless Transition: [www.seamlesstransition.va.gov/](http://www.seamlesstransition.va.gov/)

REALifelines: [www.dol.gov/vets/programs/Real-life/main.htm](http://www.dol.gov/vets/programs/Real-life/main.htm)

## **Section 7**

### **NATIONAL RESOURCES**

## **National Resources**

### **Military OneSource**

1-800-342-9647

[www.militaryonesource.com](http://www.militaryonesource.com)

Military OneSource is a “one stop shop” for information on all aspects of military life. From information about financial concerns, parenting, relocation, emotional well-being, work, and health, to many other topics, Military OneSource can provide a wealth of information. There are many informative topics on the web site specific to wounded Soldiers and Families. For example, by clicking on Personal & Family Readiness and selecting Severely Injured Service Members, you can access topics such as “Coping with Compassion Fatigue”, “Finding Temporary Work During a Loved One’s Extended Hospitalization,” and “Re-establishing Intimacy After a Severe Injury.”

In addition to the comprehensive information available online, there is 24 hour a day seven day a week (24/7) representatives available at the 800 number provided above. Calling will provide you with personalized service specific to answering your needs. You can call the same representative back for continuity of service, as each person has their own extension. Military OneSource is closely aligned with the Military Severely Injured Center. You can call Military OneSource as a parent, spouse or Soldier. The information you need is a phone call away.

Other Resources:

- financial resources
- education, training, and job placement
- information on VA benefits and other entitlements
- home, transportation, and workplace accommodations
- personal, couple, and Family issues counseling
- personal mobility and functioning

Military OneSource coordinates closely with the AW2 and Wounded Warrior Programs. Military OneSource can provide educational materials that can help you understand and tackle issues related to concerns that injured service members often have. This can be anything from helping children and spouses with the challenges they face, to concerns about making homes and vehicles accessible, to building new relationships.

You do not need a physician referral to use this resource. You can use this service regardless of other agencies you may be dealing with.

## **AMVETS**

Toll-Free: 1-877-726-8387  
[www.amvets.org](http://www.amvets.org)

As one of America's foremost veteran's service organizations, AMVETS (or American Veterans) assists veterans and their Families. A nationwide cadre of AMVETS national service officers (NSOs) offers information, counseling and claims service to all honorably discharged veterans and their dependents concerning disability compensation, VA benefits, hospitalization, rehabilitation, pension, education, employment, and other benefits.

## **Blinded Veterans Association**

1-800-669-7079  
[www.bva.org](http://www.bva.org)

If you are a blind or visually impaired veteran; if you are a relative or a friend; or if you just want to get involved; write, email, or give BVA a call. The Blinded Veterans Association (BVA) is an organization specifically established to promote the welfare of blinded veterans. BVA is here to help veterans and their Families meet the challenges of blindness. The BVA promotes access to technology and guidance about the practical use of the latest research. The BVA will also advocate for the blinded veteran and their Families in both the private and public sectors.

## **Disabled Veterans of America (DVA)**

1-877-426-2838

[www.dav.org](http://www.dav.org)

Disabled Veterans of America (DAV) provides a variety of free services to veterans and service members and their Families. Services of interest include a review of the Medical Evaluation Board (MEB) review, representation before a Personnel Evaluation Board (PEB), and submission of claims before the Department of Veterans Affairs for disability compensation, as well as rehabilitation and other benefit programs.

**The American Legion**

202/861-2700

[www.legion.org](http://www.legion.org)

Provides free, professional assistance for any veteran or veteran's survivor to file and pursue claims before the Department of Veterans Affairs; assists deployed service members' Families with practical and emotional support; and offers temporary financial assistance to help Families meet their children's needs. As the nation's largest service organization with about 15,000 local "posts" and nearly 2.7 million members, the American Legion is accessible near most hometowns.

**The Military Order of the Purple Heart**

**888-668-1656**

[www.purpleheart.org](http://www.purpleheart.org)

The Military Order of the Purple Heart provides support and services to all veterans and their Families. This web site includes information on VA benefits assistance, issues affecting veterans today, and links to other key web sites for veterans.

**The National Amputation Foundation**

516-887-3600

Email: [amps76@aol.com](mailto:amps76@aol.com)

<http://www.nationalamputation.org>

The National Amputation Foundation has programs and services geared to help the amputee and other disabled people. The AMP to AMP Program provides a home, hospital, or nursing home visit for peer counseling and support to any person who has had or will be having a major limb amputation. If the person does not live within a drivable distance, we will call them to offer the same support. The Medical Equipment Give-A-Way Program offers to any person in need, donated medical equipment. This includes wheelchairs, walkers, commodes, canes and crutches. Other Services include information on recreational activities for amputees; booklets and pamphlets providing information specific to the needs of above-the-knee, below-the-knee, and arm amputees; hospital visits and running bingo games; contact information for Veterans Benefits; and referral service to other amputee organizations.

**Paralyzed Veterans of America (PVA)**

800-424-8200

Email: [info@pva.org](mailto:info@pva.org)

[www.pva.org](http://www.pva.org)

The PVA has a wide range of expertise in representing veterans with severe injuries, especially spinal cord dysfunction. Assistance is provided in all areas of benefits and health care issues, including: compensation, prosthetics, specially adapted housing, education and employment services, automobile adaptive equipment, health care advocacy, and other areas to assist in the transition to civilian life.

### **Veterans of Foreign Wars**

816-756-3390

Email: [info@vfw.org](mailto:info@vfw.org)

[www.vfw.org](http://www.vfw.org)

The VFW has more than 100 trained service officers to assist any veteran, or their dependents, obtain federal or state entitlements. Annually, VFW service officers process thousands of veteran's claims, which have resulted in the recovery of hundreds of millions dollars in disability compensation claims for veterans. Service officers, who must pass rigorous testing and annual certification, also assist veterans in discharge upgrades, record corrections, education benefits and pension eligibility. In addition, service officers regularly inspect VA health care facilities and national cemeteries, and employment specialists monitor laws concerning veterans' preference in federal employment. The VFW also monitors medical and health issues affecting veterans as well as providing veterans with up-to-date information on diabetes, post-traumatic stress, Agent Orange exposure and Persian Gulf Syndrome. To help veterans, the VFW Tactical Assessment Center is a 24-hour help line for veterans with questions or concerns. (1-800-vfw(839)-1899)

### **United Spinal Association**

1-800-404-2898

Email: [info@unitedspinal.org](mailto:info@unitedspinal.org)

[www.unitedspinal.org](http://www.unitedspinal.org)

United Spinal Association is dedicated to enhancing the lives of all individuals with spinal cord injury or disease by ensuring quality health care, promoting research, advocating for civil rights and independence, educating the public about these issues, and enlisting its help to achieve these fundamental goals. Programs include: counseling and referral, accessibility training and education, assistive technology resources, inclusion and integration advocacy, disability information and publications, educational outreach and training, wheelchair repair and parts, counseling and referral, accessibility training and education, individual and system advocacy, benefits advisement and assistance, Americans With Disabilities Act (ADA) technical assistance and advocacy, sports and recreation opportunities, and peer counseling.

### **Wounded Warrior Project**

-877-TEAMWWP (832-6997)

Email: [info@woundedwarriorproject.org](mailto:info@woundedwarriorproject.org)

<https://www.woundedwarriorproject.org>

The WWP seeks to assist those men and women of our armed forces who have been severely injured during the conflicts in Iraq, Afghanistan, and other locations around the world. At the Wounded Warrior Project we provide programs and services designed to ease the burdens of the wounded and their Families, aid in the recovery process, and smooth their transition back to civilian life. Our work begins at the bedside of the severely wounded, where we provide comfort items and necessities, counseling, and support for Families. We help to speed rehabilitation and recovery through adaptive sports and recreation programs, raising patients' morale, and exposing them to the endless possibilities of life after an injury. Finally, we provide a support mechanism for those who have returned home by providing outreach and advocacy on issues like debt and disability payments that will affect their Family's future.

**Computer/Electronic Accommodations Program (CAP)**

703-681-8813

[www.tricare.osd.mil/cap/](http://www.tricare.osd.mil/cap/)

CAP is committed to providing assistive technology and support to returning wounded service members. Accommodations are available for wounded service members with vision or hearing loss, upper extremity amputees as well as persons with communication and other disabilities to access the computer and telecommunication environment.

**National Military Family Association**

800-260-0218

[www.nmfa.org](http://www.nmfa.org)

NMFA's primary goals are to educate military Families concerning their rights, benefits and services available to them; to inform them regarding the issues that affect their lives; and to promote and protect the interests of military Families by influencing the development and implementation of legislation and policies affecting them. Great publications online such as "Resources for Wounded and Injured Service members and their Families" and "Your Soldier Your Army- A Parent's Guide".

**America Supports You**

800-342-9647 (Military One Source)

[www.armericasupportsyou.mil](http://www.armericasupportsyou.mil)

This web site can link you to many other web sites specific to your needs.

**Coalition to Salute America's Heroes**

914-432-5400

Email: [info@saluteheroes.org](mailto:info@saluteheroes.org)

[www.saluteheroes.org](http://www.saluteheroes.org)

Our mission is to help provide the support needed to overcome the many challenges our returning wounded heroes face so that they may regain a rewarding and productive life.

**Operation First Response**

888-289-0280

Email: [info@operationfirstresponse.org](mailto:info@operationfirstresponse.org)



[www.operationfirstresponse.org](http://www.operationfirstresponse.org)

Operation First Response's mission is to assist the wounded military and their Families with personal and financial needs who are serving our country during Operation Iraqi Freedom and forward. Web site includes online application for assistance.

### **Operation War Fighter**

<http://militaryhomefront.dod.mil> (Search Warfighter)

The purpose of this program is to provide Service members with meaningful activity outside the hospital environment, and to offer them a formal means of transition back into the work force.

This is a voluntary program and has orientation sessions at EAMC. Call Military Severely Injured Center for details. 1-888-774-1361

### **Army Emergency Relief**

706-791-8777

[www.aerhq.org](http://www.aerhq.org)

AER is the Army's own emergency financial assistance organization and is dedicated to "Helping the Army Take Care of Its Own". AER provides commanders a valuable asset in accomplishing their basic command responsibility for the morale and welfare of Soldiers.

### **Serving Those Who Serve**

[http://www.rebuildingtogether.org/Section/initiative/veteran\\_housing/program/stws](http://www.rebuildingtogether.org/Section/initiative/veteran_housing/program/stws)

Serving Those Who Serve is a special-needs home modification service that will be reserved exclusively for veterans who served in Operation Iraqi Freedom or Operation Enduring Freedom and now have loss of sight, loss of hearing, loss of mobility, or traumatic brain injury. It will not only make their homes safer, but will improve the quality of life for these brave men and women and their Families by providing independence and mobility.

This service is being made entirely at no cost and will be accomplished by community and military volunteers and skilled trades.

### **Helping our Heroes Foundation**

[www.hohf.org](http://www.hohf.org)

HOHF provides funding, services, and volunteers to complement the support of our military injured in either Operation Enduring Freedom or Operation Iraqi Freedom. We provide mentors and patient advocates, identify and fund educational opportunities for the Soldier, coordinate specialty counseling (financial assistance, career, housing, etc.), and assist with emergency funding needs. We ask that service members approach official resources and channels for assistance before requesting support from the Foundation, as we are a volunteer organization with limited financial resources. This special fund is to help service members and their Families on a case by case basis. The Army Wounded Warrior Program makes referrals to this foundation.

### **Sew Much Comfort**

[www.sewmuchcomfort.org](http://www.sewmuchcomfort.org)

Their mission is to design, create and deliver specialized clothing to recovering service members. Sew Much Comfort is an all volunteer organization that provides free underwear, pants, shorts and shirts. The adaptive clothing uses Velcro seams enabling you to dress with ease and access your wounds for treatment.

This free clothing is available to you at most MTFs. Please ask for a sample and give it a try. You may also order what you need on line. Check out the web site at [sewmuchcomfort.org](http://sewmuchcomfort.org). Click on “Contact”, then click on “Soldiers” and submit your personalized order.

### **Fallen Patriot Fund**

[www.fallenpatriotfund.org](http://www.fallenpatriotfund.org)

The Fallen Patriot Fund was established to provide support to the spouses and children of U.S. military personnel who were killed or seriously injured during Operation Iraqi Freedom. Within that group, grant recipients will be selected in accordance with criteria established by The Mark Cuban Foundation. As the guidelines of the fund are to provide for relief from immediate financial distress, those who are staying on permanent active duty despite their injuries are not eligible for a grant from the fund.

### **USA Cares**

[www.usacares.us](http://www.usacares.us)

USA Cares is dedicated to helping service members and their Families with quality of life issues using grants, counseling and mentorship. Requests for financial assistance can be done online.

### **Homes for our Troops**

[www.homesforourtroops.org](http://www.homesforourtroops.org)

Private organization providing free handicapped accessible to severely injured

### **Unmet Needs**

[www.unmetneeds.com](http://www.unmetneeds.com)

VFW sponsored program to help military Families with financial hardship. Apply online or download application from this web site.

### **Association for Service Disabled Vets**

[www.asdv.org](http://www.asdv.org)

Rehabilitation programs serving military veterans who sacrifices their wee being for the freedom of the world

### **Disability Info Gov**

[www.disabilitinfo.gov](http://www.disabilitinfo.gov)

Official benefits web site of the U.S. Govt. Information and benefits on over one thousand benefits and assistance programs.

### **Gov Benefits**

[www.govbenefits.gov](http://www.govbenefits.gov)

### **ResourcesForSoldiers.com**

[www.resourcesforSoldiers.com](http://www.resourcesforSoldiers.com)

Many topics are covered on this web site and links provided to even more resources.

### **DISABILITY Information and Resources**

[www.makoa.org](http://www.makoa.org)

Helpful sites ranging in topics from assistive technologies, accessible home design, adaptive clothing, to resources for caregivers.

**Traumatic Brain Injury Survival Guide**

[www.tbiguide.com](http://www.tbiguide.com)

Online book regarding TBI.

**The Brain Injury Information Network**

[www.tbinet.org](http://www.tbinet.org)

Started by Caregivers who had loved ones with various types of brain injuries.

**Brain Injury Association of America**

Family help line 1-800-444-6443

[www.biausa.org](http://www.biausa.org)

Leading National Organization Serving and representing individuals, Families and professionals who are touched by a life- altering often devastating traumatic Brain Injury

**Amputee Coalition of America**

[www.amputee-coalition.org](http://www.amputee-coalition.org)

To reach out to people with limb loss and empower them through education support and advocacy.

**Amputee Resource Foundation of America**

[www.amputeeresource.org](http://www.amputeeresource.org)

Perform charitable services, and to conduct research to enhance productivity and quality of life for amputees in America.

**National Spinal Cord Injury Association**

[www.spinalcord.org](http://www.spinalcord.org)

Leading the way in maximizing the quality of life and opportunities for people with spinal cord injuries and diseases since 1948

**Neurotrauma Registry (for brain and spine injuries)**

[www.neure.org](http://www.neure.org)

To provide an inclusive resource list for those with acquired brain injury spinal cord injury or others complex neurotrauma.

**National Family Caregivers Association**

[www.nfcacares.org](http://www.nfcacares.org)

NFCA educates support empowers and speaks up for the more than 50 million Americans who care for loved ones with a chronic illness.

**America Foundation for the Blind**

[www.afb.org](http://www.afb.org)

Expanding possibilities for people with vision loss.

**Recording for Blind & Dyslexic**

[www.rfbd.org](http://www.rfbd.org)

Our vision is for all people to have equal access to the printed word.

**Guide Dogs**

[www.guidedog.org](http://www.guidedog.org)

NLS administers a free library program of Braille and audio materials circulated to eligible borrowers in the US by postage free mail.

**League for the Hard of Hearing**

[www.lhh.org](http://www.lhh.org)

The worlds leading not - for – profit hearing rehabilitation and human service agency for infants, children, and adults who are hard – of – hearing, deaf and blind.

**Self Help for the Hard of Hearing**

[www.shhh.org](http://www.shhh.org)

The hearing loss assistance of America exists to open the world of communication for people with hearing loss through information, education, andvocacy, and support.

**Hooah 4 Health**

[www.hooah4health.com](http://www.hooah4health.com)

Web site specifically designed to address the force health protection and readiness requirements of the Army.

## **Army Reserve Web Sites**

**U. S. Army Reserves**

[www.armyreserve.army.mil](http://www.armyreserve.army.mil)

**Army Reserve Family Programs Online**

[www.arfp.org](http://www.arfp.org)

Army Reserve Family and Readiness Program

## **Army National Guard Web Sites**

**Army National Guard**

[www.1800goguard.com](http://www.1800goguard.com)

National Guard Web site

**Guard Family Program**

[www.guardFamily.org](http://www.guardFamily.org)

One stop to find information on programs, benefits, resources on National Guard Family programs.

**ESGR (Employment Support for the Guard and Reserve)**

[www.esgr.org](http://www.esgr.org)

## **Army Web Sites**

**Army Families Online**

[www.armyFamiliesonline.org](http://www.armyFamiliesonline.org)

The well-being liaison office assists the Army leadership with ensuring the effective delivery of well being programs in the Army.

**Military Homefront**

[www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil)

Web site for reliable quality of life information designed to help Troops, Families, and service providers.

**The Military Family Network**

[www.emilitary.org](http://www.emilitary.org)

One nation, one community, making the world a home for military Families.

**My Army Life Too**

[www.myarmylifetoo.com](http://www.myarmylifetoo.com)

Web site of choice for Army Families providing accurate, updated articles and information on various topics.

**Army Morale Welfare and Recreation**

[www.armymwr.com](http://www.armymwr.com)

Army recreation programs

**Military Connection**

[www.militaryconnection.com](http://www.militaryconnection.com)

Army recreation programs.

**Military Connection**

[www.militaryconnection.com](http://www.militaryconnection.com)

Comprehensive military directory providing information on job postings, job fairs, and listings.

## **Section 8**

### **LOCAL RESOURCES**

**WARRIORS IN TRANSITION & FAMILY  
QUICK REFERENCES AND RESOURCES**

**NON-MEDICAL EMERGENCY CONTACTS:**

**LODGING/HOUSING**

Fisher House  
Building 280  
Fort Gordon, GA 30905  
(706) 787-7100

Balfour Beatty Military Housing Office  
155 3<sup>rd</sup> Avenue (Olive Terrace)  
Fort Gordon, GA 30905  
(706) 772-7041 Fax: (706) 772-7057

Fort Gordon Army Lodging  
Building 250  
Fort Gordon, GA 30905  
(706) 791-2277

**CHILDCARE**

**\* All childcare must go through the SFAC. The Soldier or Family Member is responsible for going to the SFAC to request a memo to submit to CYS Registration. The memo is required for WTB rates and benefits.**

SFAC CYS Liaison - Janice Green - 791-6494

Kathleen Duncan - Outreach Services Director - 706-791- 1305 or urgent 831-2241

Main Child Development Center - Director - Heather O'Leary -706-791-7568  
or 791-2701

School Age Services - Director - Felcia Ponder - 706-791-4446

Family Child Care - Director - Creola James - 706-791- 4440/3993

Youth Sports - Director - Brad McConnel - 706-791-5104

Central Enrollment  
Lane Ave., Building, 28320,  
Fort Gordon, GA 30905  
(706) 791-4455 or 791-7062  
Hours of Operation: 8 a.m. - 4:30 p.m. (M-F)  
Wednesday open Late - open until 7 PM

Family Child Care Office  
Lane Ave., Building, 28320,  
Fort Gordon, GA 30905  
(706) 791-3993 or 791-4440  
M-F 8 AM to 5 PM

Middle School Teen  
Building 45410, 46th Street, Fort Gordon, GA 30905 | (706) 791-7575  
Melody Delgado, Program Manager

Hours of Operation:  
Monday and Wednesday... 2:00 p.m. - 6:00 p.m.  
Tuesday, Thursday and Friday... 2:00 p.m. - 8:00 p.m.  
Saturday... 12:00 p.m. - 4:00 p.m.

School Age Services  
46th St., Building 45410,  
Fort Gordon, GA 30905  
Felicia Ponder (706) 791-6500  
Hours of Operation: 5:15 a.m. - 6:00 p.m. (M-F)

All above services are located on Fort Gordon  
Miles from VA Hospital: 6 miles



**Off Post/out of area childcare should be discussed with SFAC CYs liaison to determine possible options.**

**TRANSPORTATION**

Checker Cab of Augusta  
(706) 736-3006

**Airport Shuttles:**

ELITE Shuttle Services LLC.  
(706) 737-0665  
(877) 737-0665

EZ Ride of Augusta  
(706) 860-4900

**FOOD**

All facilities are located on Fort Gordon

AAFES Main Street Food Court  
Main PX  
(706) 772-9742

Burger King  
Bldg 35402  
(706) 793-8542

Dining Facility #4  
Bldg 29704  
(706) 791-7505  
(Closed Weekends)

Dining Facility #6  
Bldg 25717  
(706) 791-6055

Dining Facility #8  
Bldg 25704  
(706) 791-7205  
(Closed Weekends)

Dining Facility #13  
Bldg 24414  
(706) 791-7555/7208

Godfather's Pizza  
Bldg 29722  
(706) 790-8646

Gordon Lanes Snack Bar  
Bldg 33200  
(706) 771-6907

Gordon Club  
Bldg 18402  
(706) 791-6780

Huddle House  
267 Avenue of the States  
(706) 798-3722

Ike's Café  
DDEAMC  
3<sup>rd</sup> Floor of the Hospital

Me Me & Bo Bo's  
Express Chinese Restaurant  
Bldg 36000  
(706) 792-9774/9775

Windseekers Bar & Grille  
Bldg 36708  
(706) 798-1009

El Toro Loco Mexican Restaurant  
Bldg 36708  
(706) 798-6666

## **BANKING**

Fort Gordon Federal Credit Union  
Bldg 36305  
(706) 793-0012

Wachovia Bank  
Bldg 36300  
(706) 771-5960

Several other banks, including Bank of America, Regions, Crown, Queensborough, and SunTrust have locations in the Augusta area.

## **VETERAN SERVICES**

Department of Veteran Affairs  
950 15th Street  
Augusta, GA 30904  
(706) 823-2204

Augusta VA Medical Center  
1 Freedom Way  
Augusta, GA 30904  
(706) 733-0188  
(800) 836-5561

## **MISCELLANEOUS ACTIVITIES**

AAFES Beauty Salon  
Main PX  
Bldg 38200  
(706) 793-8185  
M – F 0900 – 1900, Sat 0900 – 1700

AAFES Barber Shop  
Main PX  
Bldg 38200  
(706) 793-0230  
M – F 0900 – 1900, Sat 0900 - 1700

AAFES Dry Cleaner/Alterations  
PXtra  
Bldg 35200  
(706) 798-1888  
M – F 0900 – 1900, Sat 0900 – 1600

Post Office  
Bldg 36302  
(706) 790-3651  
M – F 0900 - 1630  
Sat 0900 - 1230

Commissary  
Bldg 37200  
(706) 791-3718  
T – W 1000 – 1900, Thurs 1000 – 2000  
Fri – 1000 – 1900 Sat 0900 – 1900  
Sun – 1000 - 1800

HOTEL	PHONE	ADDRESS	Pets
<b>I-20/I-520 Bobby Jones Expressway</b>			
Travel Inn	706-863-2882	601 NW Frontage Rd.	Yes
Hotel Augusta	706-855-6060	629 Frontage Road NW	No
Days Inn	706-868-8610	3654 Wheeler Road	No
Doubletree	706-855-8100	2651 Perimeter Parkway	Yes
Savannah Suites	706-849-3100	3421 Wrightsboro Road	No
<b>I-20/Belair Road/Dyess Parkway, Exit 194</b>			
Wingate by Wyndham	706-860-8223	4087 Jimmie Dyess Pkwy	No
Econo Lodge	706-863-0777	4090 Belair Road	Yes
Best Western	706-651-9100	452 Park West Drive	No
Quality Inn	706-855-2088	4073 Jimmie Dyess Pkwy	Yes
Super 8 Motel	706-396-1600	456 Park West Drive	Yes
Red Roof Inn	706-228-3031	4328 Frontage Rd.	Yes
Hampton Inn	706-860-1610	4081 Jimmie Dyess Pkwy	No
America's Best Inn and Suites	706-855-9111	461 Park West Dr.	No
America's Best Value	706-863-8840	4324 Belair Road	No
Georgia Inn	706-868-9499	434 South Belair Road	No
Holiday Inn – Park West	706-396-4600	441 Park West Drive	No
Motel 6	706-651-8300	459 Park West Drive	Yes
<b>I-20/River Watch Parkway, Exit 200</b>			
Microtel Inn	706-481-8010	2909 River West Dr.	Yes
Value Place	706-733-8998	2995 River Watch Parkway	No
Baymont Inn and Suites	706-733-5900	2907 Riverwest Drive	No
<b>I-20/Washington Rd.</b>			
Sleep Inn	706-738-7473	1050 Claussen Rd.	No
Sunset Inn	706-860-8485	3034 Washington Rd.	No
Travelodge	706-868-6930	3039 Washington Rd.	Yes
Homewood Suites-Hilton	706-738-3131	1049 Stevens Creek Rd.	No
Clarion Suites	706-868-1800	3038 Washington Rd.	No
Days Inn	706-650-1311	3039 B Washington Rd.	No
LaQuinta Inn	706-733-2660	3020 Washington Rd.	Yes
Augusta Courtyard By Marriot	706-737-3737	1045 Stevens Creek Rd.	No
Super 8	706-733-8200	201 Boy Scout Rd.	No
Hampton Inn	706-737-1122	3030 Washington Rd.	No

Best Western Garden City Inn	706-736-9292	2650B Center West Pkwy.	No
Candlewood Suites	706-733-3300	1080 Claussen Rd.	Yes
Quality Inn & Suites	706-737-5550	1052 Claussen Rd.	No
Rodeway Inn	706-736-0707	2852 Washington Rd.	No
Jameson Inn and Suites	706-733-4656	1062 Claussen Rd.	Yes
Masters Inn	706-863-5566	3027 Washington Rd.	Yes
The West Bank Inn	706-733-1724	2904 Washington Rd.	No
Country Inn and Suites	706-736-8988	103 Sherwood Drive	No
Value Place	706-792-1212	2115 Noland Connector.	No

HOTEL	PHONE	ADDRESS	Pets
<b>Gordon Highway</b>			
Holiday Inn - Gordon Hwy.	706-737-2300	2155 Gordon Hwy.	Yes
Wingate Inn – Gordon Hwy.	706-729-1616	2123 Noland Connector	No
Ramada Limited	706-733-8115	2154 Gordon Hwy.	No
Microtel Inn & Suites	706-736-6425	2176 Gordon Hwy.	No
Country Hearth Inn	706-312-7000	2182 Gordon Hwy.	Yes
Super 8 Motel	706-738-5018	2137 Gordon Hwy.	Yes
Red Carpet Inn	706-733-5566	2050 Gordon Hwy.	Yes
Econo Lodge	706-738-6565	2051 Gordon Hwy.	No
Value Place	706-792-1212	2115 Noland Connector.	No
<b>Downtown Area</b>			
Comfort Inn Medical Center	706-722-2224	1455 Walton Way	Yes
Augusta Marriott Hotel & Suites	706-722-8900	Two 10 <sup>th</sup> Street	Yes
Ramada Plaza Hotel	706-722-5541	640 Broad Street	No
Quality Inn	706-724-5560	1103 15 <sup>th</sup> Street	No
Azalea Inn	706-724-3454	312 and 316 Greene St.	No
Partridge Inn	706-737-8888	2110 Walton Way	Yes
Courtesy Motel	706-722-2525	605 15 <sup>th</sup> St	No

## **Section 9**

### **APPENDIX**

- a. Common Terms and Abbreviations
- b. Quick Phone Reference

## **COMMON TERMS AND ABBREVIATIONS**

AAFES: Army Air Force Exchange Service

Advance or travel advance: Money received in advance of filing travel voucher

AIREVAC: Air Evacuation – usually mode of transportation Soldier comes to Walter Reed Army Medical Center

American Red Cross

AW2: Army Wounded Warrior Program

BAMC: Brooke Army Medical Center

CAC: Casualty Assistance Command

Case manager: Person in charge of coordinating care for patient

CDC: Child Development Center

CYS: Child and Youth Services

COMMISSARY: Grocery store

CON LEAVE: Convalescent Leave

CONUS: Continental United States – within the United States not including Hawaii or Alaska

DA: Department of the Army

DA WIA: Department of the Army Wounded In Action Branch

DA 2984: Official request for Families to travel, done by attending physician

DDEAMC: Dwight David Eisenhower Army Medical Center, same as EAMC

DOD: Department of Defense

EAMC: Dwight David Eisenhower Army Medical Center, same as DDEAMC

HERO MILES: Fisher House Foundation program offering free airline travel

ID: Identification Card

JAG: Judge Advocate General (legal branch of Army)

LES: Leave and Earnings Statement – pay stub

MAMC: Madigan Army Medical Center

MEB: Medical Evaluation Board

MP: Military Police

MTF: Military Treatment Facility

NEEDS ASSESSMENT CHECKLIST: DA WIA listing of Family needs for travel purposes done after notification

NMA: Non medical attendant

NOTIFICATION: Families told of injury/illness of Soldier

OCONUS: Outside of the Continental United States – any place overseas to include Hawaii and Alaska

OIF/OEF: Operation Iraqi Freedom / Operation Enduring Freedom

PAO: Public Affairs Office

PEB: Physical Evaluation Board

PEBLO: Physical Evaluation Board Liaison Officer

POA: Power of Attorney

POST: Army installation

POV: Privately Owned Vehicle

PX: Post Exchange – like a department store

REAR – D: Rear Detachment Commander – liaison with the Soldier’s unit

SFA: Soldier Family Assistance Center

SFMS: Soldier Family Management Specialist associated with AW2

SHOPPETTE: like a convenience store

T&TO: Transportation and Travel Orders

TRAVEL VOUCHER: Paperwork filed to receive reimbursement for T&TOs

TRICARE: Military health insurer

UNIT: All Soldiers are a part of a military unit or organization.

## **Quick Reference Phone Guide**

Armed Forces Emergency Center  
1-877-272-7337

Army Wounded Warrior Program  
1-800-237-1336

DA WIA  
1-888-331-9369

Military OneSource  
1-800-342-9647

VA Benefits Service Center  
1-877-222-8387

Wounded Soldier and Family Hotline  
1-800-984-8523



## **Section 10**

### **NOTES/MISCELLANEOUS**

[illegible]

## Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

---

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing. There are no margins, text, or other markings on the page.

---

---

---

---

## Notes

[illegible]

---

---

---

---

## Notes

[illegible]

---

---

---

## Notes

This image shows a full page of white paper with horizontal black lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

---

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the paper.



---

---

---

## Notes

[illegible]

---

---

---

---

## Notes

[illegible]

---

---

---